REPORT TO THE TWENTY-FOURTH LEGISLATURE
STATE OF HAWAII
2008

PURSUANT TO SECTION 2 OF ACT 219
SESSION LAWS OF HAWAII 2007
REQUIRING A REPORT BY
THE MAUI HEALTH INITIATIVE TASK FORCE

PREPARED BY
MAUI HEALTH INITIATIVE TASK FORCE

December 2007

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Maui Health Care Initiative Task Force

c/o Hawaii State Health Planning and Development Agency
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John Smith
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December 21, 2007

Honorable Calvin K. Y. Say
Speaker of the House
Hawaii State Capitol, Room 431
415 South Beretania Street
Honolulu, HI 96813

Dear Representative Say:

On behalf of the members of the Maui Health Initiative Task Force, I am transmitting a final report in compliance with Section 2 of Act 219, Session Laws of Hawaii 2007.

The report meets the statutory requirement for developing a comprehensive health care plan for Maui County that results in:

- determining the current and future health care needs of Maui County;
- developing an integrated plan for providing health care, including primary, acute and long-term care, urgent and emergency care, and disaster preparedness; and
- determining an appropriate role for Maui County health care facilities within the statewide system of emergency and trauma care.

The task force members are dedicated citizens who worked together to produce a set of findings and recommendations as well as proposed legislation in a period of about four months. We recommend these measures as a means of achieving Maui County's health care goal: "***the best possible access to quality health care for all communities in Maui County".***

We appreciate the opportunity to serve on the task force. Feel free to contact me at 264-0491 should you have questions.

Sincerely,

Rita Barreras

Rita Barreras
Chair

Act 219, signed in to law on June 28, 2007, creates the Maui Health Care Initiative Task Force within the state health planning and development agency (SHPDA) for administrative purposes to develop a comprehensive strategic health plan for the county of Maui. SHPDA and the Department of Health provide technical and administrative support to the task force. Members are appointed by the Mayor of the County of Maui, the President of the Senate and the Speaker of the House.

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December 21, 2007

Honorable Colleen Hanabusa
Senate President
Hawaii State Capitol
415 South Beretania Street Room 214
Honolulu, HI 96813

Dear Senator Hanabusa:

On behalf of the members of the Maui Health Initiative Task Force, I am transmitting a final report in compliance with Section 2 of Act 219, Session Laws of Hawaii 2007.

The report meets the statutory requirement for developing a comprehensive health care plan for Maui County that results in:

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December 21, 2007

Honorable Charmaine Tavares
Mayor, County of Maui
200 South High Street 9th floor
Wailuku, Maui, Hawai`i 96793

Dear Mayor Tavares:

On behalf of the members of the Maui Health Initiative Task Force, I am transmitting a final report in compliance with Section 2 of Act 219, Session Laws of Hawaii 2007.

The report meets the statutory requirement for developing a comprehensive health care plan for Maui County that results in:

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Chiyome Fukino, M.D., Director
Hawaii State Department of Health
1250 Punchbowl St.
Honolulu, Hawaii 96813

Dear Dr. Fukino:

On behalf of the members of the Maui Health Initiative Task Force, I am transmitting a final report in compliance with Section 2 of Act 219, Session Laws of Hawaii 2007.

The report meets the statutory requirement for developing a comprehensive health care plan for Maui County that results in:

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The task force requests that you process the final report to the Legislature and Mayor Charmaine Tavares twenty days before the start of the first legislative session in January 2008.

Feel free to contact me at 264-0491 should you have questions.

Sincerely,

Rita Barreras

Rita Barreras
Chair

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December 21, 2007

Ronald Terry, Administrator
State Health Planning and Development Agency
1177 Alakea St. #402
Honolulu, Hawaii 96813

Dear Mr. Terry:

On behalf of the members of the Maui Health Initiative Task Force, I am transmitting a final report in compliance with Section 2 of Act 219, Session Laws of Hawaii 2007.

The report meets the statutory requirement for developing a comprehensive health care plan for Maui County that results in:

- determining the current and future health care needs of Maui County;
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The task force requests that you process the final report to the Legislature and Mayor Charmaine Tavares twenty days before the start of the first legislative session in January 2008. The law also requires that your agency integrate the final report in to the Hawaii Health Performance Plan within sixty days of receipt of the task force's report.

Mahalo! for the administrative support provided to the task force by your agency. Feel free to contact me at 264-0491 should you have questions.

Sincerely,

Rita Barreras

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Chair

Act 219, signed in to law on June 28, 2007, creates the Maui Health Care Initiative Task Force within the state health planning and development agency (SHPDA) for administrative purposes to develop a comprehensive strategic health plan for the county of Maui. SHPDA and the Department of Health provide technical and administrative support to the task force. Members are appointed by the Mayor of the County of Maui, the President of the Senate and the Speaker of the House.

Maui Health Initiative Task Force: A Call to Action

Executive Summary

The Maui Health Initiative Task Force was created by the Hawaii State Legislature in 2007 to give the communities of Maui, Moloka`i and Lana`i the opportunity to provide direction for the future of health care services and infrastructure in their county. A bill was introduced in the House of Representatives early in the session to request an exemption to the certificate of need requirements for Maui after a proposed private hospital was denied by the state. The Maui Health Initiative Task Force was established by Act 219 of the Session Laws of Hawai`i (2007) to take a deeper look at all the issues and to ultimately "develop a comprehensive strategic health plan" that would:

- determine the current and future health care needs of Maui County;
- develop an integrated plan for providing health care, including primary, acute and long-term care, urgent and emergency care, and disaster preparedness; and
- determine an appropriate role for Maui County health care facilities within the statewide system of emergency and trauma care.

Act 219 empowered the community by expediting "the approval of new acute care facilities and medical or emergency services on the island of Maui." The law also requires the State Health Planning and Development Agency to grant expedited review of any certificate of need application whose health care services are within Maui County that demonstrates financial viability and meets the Hawaii health performance plan relating to Maui County. The law states that any required hearings or reviews shall be held in Maui County.

After four months of listening to experts, reviewing data, breaking up into committees for more intense work and conducting publicly noticed meetings, task force members completed tasks, developed an overarching health care goal statement for the county, and agreed on a set of priorities that they believe must be implemented to provide a high quality of health care in Maui County. These priorities must be viewed not as separate actions that can solve the health care quandary on their own, but as interlocking components of an overall plan, each as essential as the other.

Maui County Health Goal:
***Best possible access to quality health care for all communities in Maui County*.**

Maui County Health Care Priorities:

Extend Emergency Care and Transportation System -- The County is in need of a hospital with an emergency room in West Maui, emergency services in other underserved areas and an improved/expanded emergency helicopter transportation network to save lives.

Expand and Modernize Facilities – More beds -- acute, urgent and long term care – are required in updated hospitals, clinics and care homes to keep pace with a growing population of residents and visitors that could reach 250,000 in 2030, including an older adult population that will triple by that time.

Add Home and Community-Based Services -- To enable Kupuna and people with disabilities to remain in their homes or home-like settings – which result in cost savings and happier lives -- more home-care programs must be funded and residential care facilities built as an alternative to traditional nursing homes.

Boost Reimbursements – Reasonable reimbursement levels are required to attract and retain superior health care providers, yet Medicaid and Medicare pay Hawaii among the lowest rates in the nation. Reimbursements from local third-party payers (like HMSA) are also inadequate.

Recruit and Maintain Workforce – Incentives, more educational opportunities, better salaries and modernized facilities are essential to attract and retain a quality workforce that includes primary care physicians, specialists, nurses, nursing assistants, technicians, dentists, pharmacists, caregivers, home health workers and support staffers.

Enhance Mental Health Services – A lack of psychiatrists and in-patient facilities along with low reimbursements means there are few services available for those in need of mental health counseling or treatment, including veterans, seniors facing Alzheimer's disease and those addicted to crystal methamphetamine or other substances.

Improve Access to Dental Care – Periodontal disease has been linked to other serious illnesses, yet access to preventative dental care for the elderly, Native Hawaiians and those with Quest or Medicaid coverage is poor, leaving many with no option but to seek relief in costly emergency rooms.

Upgrade Obstetric Care and Establish a Neonatal Resuscitation Team – A round-the-clock in-house response team composed of an OB hospitalist, anesthesiologist, and neonatal resuscitation team at Maui Memorial Medical Center would improve outcomes for mothers and newborns who require emergency intervention. A larger birthing center would allow mothers and babies to remain together throughout the critical first days of life.

Promote Healthy Living and Disease Prevention -- The better the primary care, the fewer hospitalizations resulting in a cost savings and a happier, more productive community of all ages that shares in the responsibility of health care.

Improve Pharmacy Services – Because there are a limited number of pharmacists in the county and no pharmacies open late or on weekends (Lana'i has no pharmacy service at all), regulations should be modified so that a countywide tele-pharmacy system can be developed and implemented.

Update Technology – High quality health care is possible when health care providers, facilities, and services have the most up-to-date diagnostic equipment, electronic medical record systems, countywide (or statewide) real time access by healthcare providers to patient health information via a Regional Health Information Organization (RHIO) or data warehouse, and telemedicine capability to facilitate remote diagnostic and consultative services.

Prepare for Disasters – A Maui County coordinator should be appointed to take command during all types of disasters and an extensive public awareness/education campaign should be funded to get the community better prepared for inevitable natural disasters or pandemics.

Proposed Legislation – The task force recommends proposals concerning the following public policy topics, which are described in the report section titled "Proposed Legislation".

A. Healthcare Insurance Premium Regulation
B. Healthcare State Taxation
C. Tort Reform
D. Fluoridation of Maui County Public Water Supplies
E. Electronic Medical Records
F. Home and Community Based Services
G. Certificate of Need
H. Limited Prescription Authority for Psychologists

Final Report

The members of the Maui Health Initiative Task Force invested countless volunteer hours to complete its task and develop the required statutory final report. Despite the lack of a budget allocation to support its work, the task force members applied their expertise and methodically identified, researched, and analyzed key county health care issues and defined solutions. Demonstrating commitment and diligence in completing tasks, the members reached decisions following Roberts Rules of Order.

The task force members acknowledge all persons who gave testimony and presented data and information that assisted in the completion of its work. The Chair of the Task Force is available as a resource person to the Tri-Isle Subarea Council to offer background and an explanation about the task force's report.

The task force members respectfully request that the Hawaii State Legislature, Mayor Charmaine Tavares, and the State Health Planning and Development Agency seriously consider the package of findings, recommendations and proposed legislation presented in this report. It is imperative that residents and visitors be provided with the ***best possible access to quality health care for all communities in Maui County*.**

Maui Health Initiative Task Force: Purpose and Background

The Maui Health Initiative Task Force was established under Section 2 of Act 219, Session Laws of Hawai`i 2007. The task force is charged to determine current and future health care needs, develop an integrated plan for health care including primary, acute, long term and acute emergency care and propose an appropriate role for facilities on Maui, Lana`i and Moloka`i within the statewide system of emergency and trauma care. The task force is required to submit its final report and any findings, recommendations and necessary proposed legislation to the legislature, the mayor of Maui County, and the state health planning and development agency twenty days before the start of the first legislative session in January 2008. Within sixty days of receipt of the task force's report, the state health planning and development agency must integrate the report in to the activities of the tri-isle subarea health planning council.

Fifteen residents from Maui, Moloka'i and Lana'i were appointed to serve on the Maui Health Initiative Task Force: seven by the Mayor of Maui County and four each by the President of the State Senate and the Speaker of the State House of Representatives. Task Force members include physicians, administrators of health care facilities, other health care providers and concerned citizens who have been active in advocating for better health care for the community. (see listing of task force members in Appendix).

The task force established three committees: 1) Acute/Primary/Emergency, 2) Home and Community Based Services, and 3) Disaster Preparedness to assist with completion of its work (see Appendix for listing of committee members).

Task Force Objective: Comply with statutory task force requirements

A. Empowerment of Maui County Community.

Act 219, Session Laws of Hawai`i 2007: "The legislature also finds that the Maui community wants to have a greater say in the health care planning process for the island. The purpose of this part is to empower the citizens of the county of Maui by creating the Maui health initiative task force to develop a comprehensive strategic health plan and by expediting the approval of new acute care facilities and medical or emergency services on the island of Maui".

Task force work activities. The task force sought to empower the Maui County community by holding meetings (see schedule of meetings in Appendix) to seek data, information, and public testimony (see list of persons and organizations that provided testimony in Appendix) on the current and future health care needs, elements of a comprehensive strategic health care plan, and the role of facilities in emergency and trauma care, and task force proposals. In addition the task force reached out to citizens via public access television, presentations, and newspapers.

B. Comprehensive Health Plan for Maui County

Act 219 of the Session Laws of Hawai`i 2007: Determine the current and future health care needs of Maui County. Develop an integrated plan for health care in Maui County. Determine an appropriate role for Maui health care facilities within the statewide system of emergency and trauma care.

Task force work activities. The task force invited twenty presenters (see list in Appendix) to present data and information to assist with increasing knowledge of task force members about acute, primary, emergency, disaster preparedness, long term care, prevention, trauma care services. In addition to learning from presentations the task force members read existing literature relative to the health care situation in Hawai`i, including the Maui Bed Needs Study. The task force established three committees to investigate specific health care areas, which reported results to the task force. The task force identified current and future health care needs, a set of priorities, findings, and recommendations, and proposed legislation, which are presented in this report.

C. Task Force Appropriation and Budget

The Hawai`i State Legislature appropriated $100,000 for the operation of the task force to carry out activities required in Act 219 of the Session Laws of Hawaii 2007. The law authorizes reimbursement for travel expenses incurred by task force members and permits the task force members to contract for services to obtain necessary data, information, and analysis. The task force made decisions to expend appropriated funds to assist with completion of its statutory duties. It submitted a request to the State Health Planning and Development Agency, State Department of Health, and Department of Finance and Budget for an allocation of funds for such purpose. As of the writing of this report, the request was denied. The reason provided is that Governor Linda Lingle decided not to release funds for grant-in-aid requests until the January revenue report was made available. Absent the availability of funds for data, information, and analysis, the task force incurred significant hours of in-kind volunteer time over a period of four months and conducted its own data collection, produced information, and conducted analyses to assist the members in identifying findings, conclusions, and recommendations. The State Health Planning and Development Agency incurred some expense for reimbursement of some costs on behalf of the task force.

D. Integration of Maui County Comprehensive Health Plan in to Hawaii Health Performance Plan - Requirement of State Health Planning and Development Agency

Act 219 of the Hawai`i Session Laws 2007 states: "The task force shall submit its final report, including findings, recommendations, and any necessary proposed legislation, to the legislature, the mayor of Maui County, and State Health Planning and Development Agency no later than twenty days prior to the convening of the regular session of 2008.

Within sixty days of receipt of the task force's report, the state health planning and development agency shall integrate the report in to the activities of the tri-isle subarea health planning council." At the time of the writing of this report, State Health Planning and Development Agency staff had begun preparation work with the members of the tri-isle subarea health planning council members to comply with this provision of the law.

Limitations of Report

The task force completed the work to the best of its ability within a five month period of time (August to December 2007). It is a report in progress and requires regular updates. Some issues may not have been adequately addressed and will require a more thorough examination by the Tri-isle sub-area health planning council. The Chair of the task force is available as a resource to the Tri-isle sub-area health planning council regarding the task force's report.

During the first two months of meetings, the Task Force heard from health care executives, community leaders and knowledgeable citizens who had been invited by the panel to give presentations about their particular specialty. Presentations included statistics, first-hand accounts from years of experience and other information to help members better understand the various aspects of health care in the county and the most important needs. The task force heard limited testimony from representatives in remote communities about the rural health care system.

The findings and conclusions about current and future health care needs is based on data collected from the presentations described above and research conducted by task force members. Due to the unavailability of funds to contract for services, the task force did not take in to account any costs or perform any cost benefit analyses when defining Maui County's health care needs. In addition, task force members had limited time to complete an analysis of rural area health systems and did not get to visit the three rural areas within the county.

Report of Findings and Recommendations

Findings and Recommendations

Introduction

To build the foundation for its comprehensive integrated health care plan, the task force collectively turned to the cultural roots of the islands. By emphasizing the values of old Hawaii and the sense of community that the county is in danger of losing, the task force shaped its plan with the same kind of compassion and dedication that they expect to find in all health care facilities. When members were asked to express what they hoped the plan would convey, remarks included such words or phrases as "honesty," "pono (doing what is right)," "the best health care possible" and "equality – equal care and access for everyone."

The task force adopted two statements to help guide them in their deliberations:

- High quality health care requires that hospitals and health care practitioners be enabled to make accessible to all citizens a full complement of services to prevent disease, offer the best treatments possible and enhance the quality of life;
- High quality health care requires that the public and private sectors cooperate to provide modern facilities, develop regulations with the guidance of the community and promote creative solutions.

Goal

The task force adopted this statement as the long range goal for Maui County: ***"Best possible access to quality health care for all communities in Maui County".***

This statement was agreed upon because it not only emphasized the quality of health care and access to those services, but was not limited in scope and would, therefore, allow the meaning of "best possible access to quality health care" to evolve as the county grows and changes.

Values

Task force members adopted the same values the Maui Long Term Care Partnership used to guide it in developing its strategic plan as well as the Vision Statement adopted by Focus Maui Nui, which obtained input from 1,700 residents about their desires for the future of Maui County.

Discussions also included the need for personal responsibility and shared responsibility for the care of one's family and for future generations. The most modern facilities in the world will not guarantee a healthy community if citizens do not do their part.

Maui Long Term Care Partnership Guiding Community Values:

- Aloha (love, caring and compassion)
- ‘Ohana (family and community)
- Hilina`i (trust)
- Pono (doing what is right)
- Lokahi (unity and harmony)
- Kuleana (responsibility, integrity and commitment)
- Laulima (team building, working together)
- Alaka‘i (responsive leadership)
- Pili (relationship)
- Koho`ia (choice)
- Freedom (no Hawaiian word available)

Focus Maui Nui – Our Islands, Our Future:

A Vision for Maui Nui:

> “Maui Nui will be an innovative model of sustainable island living and a place where every child can grow to reach his or her potential.
>
> “The needs of each individual, the needs of our natural and cultural assets, and the needs of the whole community will be brought into balance to reflect the extremely high value we place on both the land and its people.
>
> “The education and well-being of young people will be fostered to ensure that those born on these islands can, if they choose, spend their whole lives here – raising children, owning homes, enjoying rewarding jobs, and taking advantage of opportunities to contribute to this community and to be good stewards of our local treasures.
>
> “Maui Nui will be a leader in the creation of responsible, self-sufficient communities and environmentally sound economic development.
>
> “That which makes Maui Nui unique in the world will be preserved, celebrated, and protected for generations to come.”

Focus Maui Nui Five Key Strategies:

- Improve education
- Protect the natural environment, including our water resources
- Address infrastructure challenges especially housing and transportation
- Adopt targeted economic development strategies
- Preserve local culture and address community health concerns such as substance abuse

Focus Maui Nui Core Values:

- Stewardship of natural and cultural resources;
- Compassion and understanding;
- Respect for diversity;
- Engagement and empowerment of local people;
- Honoring cultural traditions and history;
- Consideration of the needs of future generations;
- Commitment to local self-sufficiency;
- Wisdom and balance in decision-making;
- Thoughtful, island-appropriate innovation.

Task force members added the following to the list of value statements:

- Equality
- Universal Access
- Community co-accountability
- Responsibility
- Resident-focused
- Responsibility for Self and Family (shared responsibility)
- Responsibility for Future Generations
- Self-determination through collaborative efforts

Committees and Reports

Three committees were established to conduct an investigation in to the current and future health care needs of Maui County. Each committee developed a report and presented results to the task force. The task force adopted a final set of priorities, findings, and recommendations on December 20, 2007.

The complete package of priorities, findings and recommendations adopted by the task force follows on the next series of pages in the form of charts. Detailed reports are provided for four topics following the charts.

1) Acute, Primary, Emergency
2) Home and Community Based Services
3) Disaster Preparedness
4) Remote Rural areas of Maui County: Hana, Lana'i, Moloka'i

Maui Health Care Initiative Task Force
Summary of Priorities, Findings/Conclusions, and Recommendations

Acute Primary Emergency

Priorities	Key Findings/Conclusions	Recommendations
SERVICES:		
1. Emergency Care and Transportation	• The most pressing need for emergency care and transport was in West Maui. • The emergency care and transportation system is in need of more emergency facilities in the county. • Appropriate helicopter landing sites are absent from the emergency care system. • Digitized diagnostic equipment can enable remote consultation in an era of provider shortages, potentially improving emergency care in all regions of the county.	a. Construction of a West Maui Critical Access Hospital facility with an Emergency Room b. Move toward construction of regional Emergency Facilities in appropriate underserved areas of Maui County c. Develop adequate emergency helicopter transport network to include: 1. Station helicopters at West Maui, MMMC, Big Island 2. Place helicopter landing pads at/in MMMC, West Maui, South Maui, Upcountry, North Shore, Hana, Lana'i, Moloka'i, and Big Island hospitals 3. Co-locate helicopters and medical crew. d. Digitalization of all diagnostic equipment networking all regional ERs and hospitals

Priorities	Key Findings/Conclusions	Recommendations
		1. PACS system transmission capabilities at all ERs 2. Telemedicine capabilities at all ERs
2. a. Mental Health	Mental health service needs exist in a variety of settings and populations, including the following (not listed in order of priority): 1. Veterans 2. Older Adults, especially Alzheimers/dementia and respite services 3. Substance abuse 4. Psychiatric care and Psychologists shortage 5. Designation of mental health professional shortage areas 6. Inpatient psychiatric/geriatric beds	1. Improve availability of psychiatrists/psychologists through reimbursement changes. 2. Develop telemedicine network to enable centralized, more efficient access to psychiatry/psychology providers. 3. Develop Alzheimers/Geriatric psychiatry support and respite care services. 4. Develop County wide management/support protocols. 5. Develop County wide education protocols. 6. Develop County wide Substance Abuse management/support protocols. 7. Develop County wide Substance Abuse education protocols. 8. Develop/Support inpatient Substance Abuse beds/facilities. 9. Empower psychologists to manage and

Priorities	Key Findings/Conclusions	Recommendations
		prescribe specified medications, subject to appropriate training, regulation, and oversight.
2. b. Dental Services	▪ In Maui County, access to dental care for the elderly, the indigent, Native Hawaiians and those with Quest or Medicaid is extremely limited if not non-existent. ▪ Maui County has been designated a Dental Health Professional Shortage Area by HRSA. ▪ Maui County's water is not fluoridated.	1. Improve availability of dentists through reimbursement changes. 2. Improve timely access to dental services for uninsured/underinsured population. 3. Develop Dental service outreach services to rural areas: Hana, Lana`i, Moloka`i. 4. Develop Dental education outreach to Native Hawaiian, homeless, and indigent populations. 5. Develop Dental education outreach to general population. 6. Fluoridate Maui County public water supplies. 7. Expand use of existing mobile dental service through MCC, particularly for the elderly, uninsured and at-risk populations.
3. a. Obstetric Care and Neonatal Resuscitation Team	▪ There is a need for a larger birthing center for mothers, family members and newborns on Maui. ▪ Sufficient volume exists, per physician	1. Develop larger maternal-child birthing wing at MMMC. 2. Develop Prenatal/Natal care outreach protocols for pregnant women in rural areas: Hana, Lana`i,

Priorities	Key Findings/Conclusions	Recommendations
	assessment, to justify an in-house neonatal resuscitation team to increase rapid response on Maui. ▪ Half of babies on Molokai are born off-island as many mothers prefer receiving epidurals. Lanai babies are delivered off island due to a lack of obstetricians on Lanai. ▪ There is a need for an in-house, 24/7/365 coordinated, trained neonatal resuscitation team **at** MMMC to respond to emergency newborn conditions that require resuscitation and special management. ▪ There is a need for in-house anesthesia services as well as in-house OB hospitalist services. ▪ Epidurals, which provide a higher level of comfort for mothers, cannot be performed due to the lack of in-house anesthesia services.	Molokai. 3. Develop MMMC 24/7/365 OB hospitalist program. 4. Develop MMMC 24/7/365 in-house anesthesia program. 5. Develop MMMC 24/7/365 in-house neonatal resuscitation team (3 members per shift) composed of: A. Advanced Life Support nurse/neonatal nurse practitioner B. Respiratory therapist C. RN from nursery, labor and delivery, or postpartum ward. 6. Develop regular continuing education program/protocols for all MMMC in-house teams 7. Improve availability of obstetricians through reimbursement improvements. 8. Create a position for Nursery Director at MMMC and raise MMMC Nursery to level 2.
3.b. Health Promotion and	▪ In 2002, 13% of all discharges from MMMC represented potentially preventable	1. Develop culturally sensitive education programs

Priorities	Key Findings/Conclusions	Recommendations
Disease Prevention	diseases (Maui Bed Needs Study). ▪ Some segments of our population are at particular risk and would benefit from intensified/focused health promotion and disease prevention programs.	County wide to address: a. Obesity b. Nutrition c. Lifestyle (exercise, stress management, recreation, family centered responsibilities) d. Smoking cessation e. Mental health f. Dental health g. Substance abuse h. Teen pregnancy i. Diabetes j. Heart disease k. Chronic kidney disease l. Education programs to include multimedia effort through: a) Schools b) TV/Cable (AKAKU)

Priorities	Key Findings/Conclusions	Recommendations
		c) Radio d) Newspapers e) Direct mail f) Public events g) Internet/Email h) Workplace programs: Hotels, Unions, etc. i) Community groups: Scouts, etc. 2. Develop and target outreach programs to affect populations who for various reasons (geographic isolation, cultural access) may not be able to receive educational efforts. 3. Use proven disease management techniques and technologies to improve the health of those with chronic diseases.
4. Pharmacy Services	▪ Lana'i reports having no pharmacy service; tele-pharmacy services in partnership with a pharmacy on Kauai have been suspended. Lana'i has no weekend pharmacy options. ▪ Kula Hospital and Lanai's clinic and hospital are not deemed pharmacies pursuant to	a. Develop after hour telepharmacy capability adjacent to all emergency rooms. b. Explore education and service partnerships with UH Hilo Pharmacy School. c. Eliminate legal and regulatory barriers to

Priorities	Key Findings/Conclusions	Recommendations
	Medicare Part D. Accordingly, Medicare-covered prescription drugs are unavailable at both locations for Medicare eligible seniors. ▪ West Maui reports no pharmacy open after 5 pm. ▪ All areas of Maui County face similar circumstances, either currently or anticipated, not to mention lack of late night pharmacy access at MMMC itself due to the shrinking numbers of pharmacists available on Maui. ▪ Prescriptions can be written and filled in the emergency departments at MMMC and Kula hospitals, but the cost is prohibitive.	telepharmacy services.
5. Other identified services: a. Oncology service b. Stroke and neurological services	▪ There is a need for infusion therapy support due to significant financial risks and burdens associated with stocking infusion drugs and providing the service. ▪ There is only one neuro-surgeon on Maui. The neuro-surgery program lacks redundancy. ▪ Many of the dialysis needs are being met,	a. Develop infusion oncology therapy subsidies to support the significant financial risks involved with the provision of infusion therapy. b. Expand MEO transportation services for dialysis patients. c. Expand chronic kidney disease education/risk stratification protocols. d. Develop Hana hemodialysis unit with

Priorities	Key Findings/Conclusions	Recommendations
c. Dialysis d. Cardiac Care e. Opthalmology services f. Orthopedics	but there are gaps, such as Hana. ▪ Improved transportation services may improve access to dialysis treatment and for emergency support. ▪ Renal dialysis diagnosis for inpatient acute and observation discharges at MMMC have doubled in the past five years. ▪ Cardiac care service is currently not available to the extent needed by the community and as Maui's population ages, this will become even more important. ▪ A certificate of need for a heart center has been approved along with enabling legislation providing authorization for raising $100,000,000 through revenue bonds. ▪ Ophthalmology services are not readily available in the emergency room. ▪ Orthopedic service is in short supply to provide emergency care at Maui Memorial Medical Center.	appropriate medical emergency support/transport to MMMC e. Expand MMMC cardiac care services to include open heart surgery and service provision networking with Lana'i, Moloka'i, and the Big Island. 1. Develop outreach education/networking efforts to Maui County and Hawaii County facilities to include transport protocols. f. Contract Maui specialists, including ophthalmologists, orthopedic surgeons, general surgeons to cover emergency room needs g. Improve availability of specialists providing emergency room care through reimbursement changes.

Priorities	Key Findings/Conclusions	Recommendations
INFRASTRUCTURE:		
▪ Modern facilities a. Long term care beds b. Acute care beds c. Regional emergency facilities d. West Maui Critical Hospital Access need	▪ Maui County needs additional acute care beds and services. (Maui Bed Needs Study) ▪ As facilities age, depreciation and deterioration occurs and must be considered and anticipated as part of the community's cost of providing quality health care to its citizens. ▪ Modernization includes continuous updating of technology, systems, and replacement of outmoded facilities and infrastructure. ▪ All modern hospitals constructed on the mainland are built with only private rooms. ▪ It is critical to modernize MMMC, utilizing phased reconstruction and/or replacement. ▪ Facility based long term care beds are needed now and in the future close to large population centers.	a. Support development of a critical access hospital in West Maui which would include long term care beds. b. Increase Maui County long term care bed capacity to cover current and future needs. c. Increase Maui County acute care bed capacity to cover current and future needs consistent with the Maui Bed Needs Study. d. Develop regional emergency facilities with helicopter landing pads. e. Upgrade current and future facilities to enable more appropriate: 1. Staffing 2. Recognition and culturally sensitive servicing of diverse needs of community f. Financing of facilities to include but not limited to: 1) Public financing 2) Joint ventures

Priorities	Key Findings/Conclusions	Recommendations
		3) Public-Private partnerships g. Study projected bed needs for all islands and develop a comprehensive plan to meet anticipated bed needs. h. Geographic location and existing and anticipated capacity should be a consideration in the development of acute care beds in current and new facilities, that may include critical access hospitals, satellite facilities, a new hospital. Additionally, discussion of acute care bed needs should take into account appropriate facilities, equipment and staffing, needs so that quality of care is elevated as capacity is increased.
2. Reimbursement from Medicare, Medicaid and third party insurers	▪ Many sources reported that reimbursement by Medicare, Medicaid and third party payers is inadequate to sustain Maui's health care system. The State of Hawaii's Medicare designation and inadequate funding of the Medicaid program are noted to be a large part of the problem. ▪ Inadequate funding from these sources threatens the viability and sustainability of Maui's facilities and contributes to facility congestion and inefficiency.	**a.** Request Congressional leaders to attain improved Medicare designation to enable more appropriate reimbursement for service units. b. Legislate for improved State funding of Medicaid program c. Legislate for decapping of healthcare premiums by State Insurance Commissioner's Office along with oversight of allocation of healthcare premium dollars to reimbursements. d. Reconcile current managed care/health

Priorities	Key Findings/Conclusions	Recommendations
	▪ Unless provider and facility payments are increased, Maui County's health care system will remain in severe jeopardy. ▪ Health care premium charged in Hawai`i is lower than that charged nationally (despite Hawaii having a high cost of living compared to the mainland). ▪ The system is out of balance and needs to be adjusted; facility and provider reimbursements need to be increased.	insurance premium rates with (i) current health plan and facility financial losses and infrastructure deficits and (ii) the increasing shortage of health care providers, particularly in the neighbor islands, and develop a premium rate and regulatory structure that will insure the fiscal health and viability of Hawai`i's health care providers and the state's health care system.
3. Workforce needs	▪ Workforce shortages are faced throughout the County, driven by a number of factors: low reimbursement, high cost of housing, high cost of living, the perceived limitations of rural community life, facilities in need of upgrade, access to quality education, etc.	**a.** Improve workforce availability through improved wages supported by reimbursement changes. b. Expand career track programs in Maui County schools; c. Expand and fund nursing program to attract and retain nurses. d. Develop Radiology technologist, Dental Technician programs at MCC. e. Develop Pharmacy Service program at MCC similar to UH Hilo program. f. Expand bachelor and graduate level opportunities through UH and other academic

Priorities	Key Findings/Conclusions	Recommendations
		institutions g. Expand and fund internships, mentoring, job shadowing, health academies, etc. to foster interest in health careers. h. Develop a Maui County database of health care workers; map shortages; project future needs; and develop a plan to address present and future needs. i. Expand the range of existing health care providers to improve access to quality care in under-served parts of Maui County and other neighbor islands through the use of telemedicine. j. Establish a residency program in Maui County.
4. Other needs: a. Technology b. Creative health care financing (public/private partnerships) c. Case management	▪ Digitized diagnostic equipment enabling remote consultation in an era of provider shortages is needed for all regions of Maui County. ▪ Without opening channels to private equity, Maui County may be unable to meet its health care needs. ▪ Depending largely on state largesse may not produce a winning system, particularly in a	a. Establish digitalization of all diagnostic equipment at all facilities in Maui County to enable sharing of data and more efficient use of limited provider workforce. b. Establish telemedicine/digital network within Maui County, Hawai`i County, and Honolulu County to enable tertiary and subspecialist consultation services. c. Establish a State of Hawaii RHIO that is Health

Priorities	Key Findings/Conclusions	Recommendations
	down economy. ▪ Organized systems of care management can improve health, increase consumer satisfaction while reducing system costs and utilization.	Insurance Portability and Accountability Act (HIPAA) compliant and structured to protect patient confidentiality. d. Establish a pilot Maui county RHIO for the state-wide RHIO that is HIPAA compliant and structured to protect patient confidentiality. e. Create state tax credits for health care providers, facilities and services related to the provision of health care or the training of health care professionals in Hawai'i to encourage development, maintenance and operation of electronic medical records systems that are interoperable with Hawai'i's RHIO.

Priorities	Key Findings/Conclusions	Recommendations
OTHER:		
Tax credits for need services Innovative solutions		Other Recommendations: ▪ Offer State/County tax credits for all types of needed services. ▪ Create innovative solutions for making the Hawaii health care system responsive to community needs by recognizing efficient and inefficient facilities and services and exploring capital partnerships, joint ventures, consolidations, and other financial arrangements.

Maui Health Care Initiative Task Force
Summary of Priorities, Findings/Conclusions, and Recommendations

Home and Community Based Services

Priorities	Key Findings/Conclusions	Recommendations
INFRASTRUCTURE AND SERVICES:		
Priority 1. HCBS infrastructure capacity (buildings and facilities	Maui County has a current, critical lack of non-acute beds and facilities to provide supervision and care for those unable to live independently in the community (Maui Bed Needs Study). This includes skilled / non-skilled nursing facilities, assisted living facilities, Alternative Residential Care Homes (ARCHs), Extended Care ARCHs, Adult Foster Family homes, specialty geriatric / chronic psychiatric group homes or facility units. Maui County has the greatest number of non-acute waitlisted patients in Hawaii. Hawaii is one of the most under-bedded states for long term care in the nation.	1. Increase the long term care bed supply. A Health Dimensions Group Site Selection Report estimates the greatest demand for nursing home beds is first in West Maui and second in South Maui. 2. Increase the alternative long term care bed supply (e.g. *care homes, foster homes, assisted living facilities*), thereby freeing up nursing home beds and expanding home base services, for both private pay and Medicaid and Medicare health care insurees. Fund additional community facilities and residential options: a. Sunrise Program for persons with disabilities b. Lokelani Ohana Program for persons with disabilities c. 60 bed veterans skilled care facility, with in-patient psychiatric unit and assessment services

Priorities	Key Findings/Conclusions	Recommendations
		d. Geriatric psychiatric unit or specialty group home e. Housing complexes for low-income and middle-income older adults and persons with disabilities 3. Adopt "Aging in Place" Building Code revisions for alternative care settings. 4. Allocate State Department of Human Services nurse case management fees to assisted living facilities that have internal registered nurses. 5. Recognize facilities for low income elders who need residential and institutional care in the long term are forms of affordable housing and therefore are candidates for low income tax credits and other considerations adopted by Maui County to promote affordable housing in community development projects. 6. Enact legislation that provides additional tax credit incentives and funding for the private sector to obtain land to build alternative long term care beds to include Medicaid health care insurees. 7. Adopt a concept of and enact pioneering

Priorities	Key Findings/Conclusions	Recommendations
		legislation for a Home and Community Based Services Index (HCBSI) to adjust services funding annually based on growth of aging and disability population and results in redirecting taxpayer investment and spending toward non-institutional services 8. Fund low interest state revolving fund retrofit loans for alternative care-providers (*RACC, ARCH, ALF) and nursing facility modernization 9. Adopt a Universal Design Building Code Ordinance. 10. Fund Home Modification Counseling: low interest retrofit loans & grants for aging home owners, i.e., Hana Aging in Place Retrofit Project.
Priority 2. HCBS Service Capacity:	"Aging in Place" at home or in home-like settings is a national, consumer driven trend. Alternative care services prolong independence in the community, decrease institutionalization, and lower health care costs. There is unmet need for these services on Maui. Numerous service programs are under funded with long "wait-lists".	1. Increase funding and provider reimbursements to expand the following highly cost-effective, community care programs in the continuum of home and community based service. 2. Adopt a concept of and enact pioneering legislation for a Home and Community Based Services Index (HCBSI) to adjust services funding annually based on growth of aging and disability population and results in redirecting

Priorities	Key Findings/Conclusions	Recommendations
		taxpayer investment and spending toward non-institutional services 3. Enact legislation that authorizes the establishment of uniform regulations and licensing procedures for home and community based services programs under a single administrative agency: the State Department of Human Services. 4. Fund the Maui Long Term Care Partnership's "Saving for Aging" Public Awareness campaign to increase public awareness about the difficulty in qualifying for Medicaid and personal planning for long term care. 5. Fund the Maui Long Term Care Partnership to replicate a "CARE CORPS" model within communities that results in an increased supply of volunteer caregivers. 6. Fund a Telehealth "Pilot" for reimbursable home care services. 7. Increase funding for the Kupuna Care Program for persons who are not covered by Medicaid.

Priorities	Key Findings/Conclusions	Recommendations
Priority 3: Provider Reimbursements	Hawaii health care providers who provide services to Medicaid recipients do not get reimbursed to cover actual costs. Increased reimbursement for long term care nursing facilities is critical to prevent closures and loss of needed long term care beds. Hawai`i has only one assisted living facility which access Medicaid funding to serve Medicaid funded recipients**.**	1. Increase reimbursement for nursing facilities and alternative care providers. 2. Rectify the differential treatment of financial reimbursements in Medicaid and Medicare that Hawaii receives as a rural island state with high cost of living for its citizens. Work with Congressional representatives to seek a 20% frontier differential that is given to Alaska. 3. Conduct a comparative Study on Malpractice and Tort Reform. 4. Fund the Center of Excellence on Aging at Maui Community College to conduct research, education and training, policy development and advocacy. 5. Support the direction of the Hawaii Quest-Expanded Managed Care for Aged, Blind, & Disabled Program. 6. Continue to support the State Department of Human Services "*Going Home*" and "*Going Home – Plus*" and "*Money Follow the Person*" residential care program.

Priorities	Key Findings/Conclusions	Recommendations
		7. Support the Congressional "Class Act" Bill which establishes a national voluntary long term care insurance plan. 8. Raise public awareness about the increased difficulty in qualifying for Medicaid and fund the Maui Long Term Care Partnership's "Saving for Aging" Awareness Campaign.
Priority 4: Health Care Workforce	Hawaii is encumbered with a growing health care workforce shortage. It is estimated that an additional 7,500 nurses will be needed within the next ten years to replace nurse retirees Physicians are retiring or relocating to other states due to the high cost of living, low reimbursement, and escalating malpractice insurance rates. Other ancillary care workers such as certified nursing assistants, personal care attendants, chore/home-makers, adult day care staff, dental assistants, physical/ occupational therapists, and laboratory personnel are also in short supply. Without adequate incentives of affordable housing and a "living wage", Hawai`i will not be able to compete with the rest of the nation for this shrinking workforce. Measures must be taken to address affordable housing and wage	1. Establish and fund a Physician Retention Taskforce 2. Permit nurse delegation in nursing facilities as is currently done in home and community care settings. 3. Increase wages for direct care providers. Fund a Critical Long Term Care Pay Differential to address the workforce shortage in long term care" 4. Establish and fund a Medical Residency Program 5. Fund a study about alternative and complementary medicine to be included in Hawaii's health care system through reimbursements and privileges at all health care facilities. There needs to be recognition that

Priorities	Key Findings/Conclusions	Recommendations
	increases, commensurate with other states, to recruit and retain healthcare workforce. Aggressive recruitment for training programs with scholarships should be created for Hawai`i to grow its own health care workforce.	there is alternative medicine and a description of how it complements the health care system. 6. Establish and fund a Center of Excellence on Aging for research based solutions to strengthen Maui County's care continuum and proactive aging with aloha.™ 7. Pursue legislation for Maui Community Volunteer "CARE CORP" Tax Credit Proposal. 8. Fund the Maui Long Term Care Partnership to expand, providing training and technical assistance, and replicate the "CARE CORP" model with training. 9. Expand the Maui Community College Nursing and Dental Programs faculty and classroom expansion. 10. Permit nurse delegation in nursing facilities as is currently done in home and community care settings. 11. Enact legislation for a Tax credit for families caring for loved ones at home

Priorities	Key Findings/Conclusions	Recommendations
		12. Expand and fund the newly established education and training curriculum at Maui Community College (initiative of the Maui Long Term Care Partnership).
Priority 5 Prevention Programs	Investment in preventative programs for healthy aging is a priority to increase productivity, limit sky-rocketing health care costs and improve quality of life for rapidly aging baby-boomers. Obesity is cited as a national pandemic. Falls are the number one cause of injury and death in elders. Dental disease is linked to strokes and heart attacks. Influenza and pneumonia often result in increased hospitalizations. Prevention programs for weight control, dental care, vaccinations and fall prevention significantly reduce illnesses and related health care costs. Chronic disease management, such as chronic hypertension, diabetes, and arthritis is needed. These programs empower consumers to take control of their health and their lives, one day at a time.	1. Expand and fund dental services. 2. Expand and fund the Hana Aging in Place Retrofit Project as a falls prevention model across the county (initiative of the Maui Long Term Partnership). 3. Increase public awareness about the Maui County Department of Health Campaigns for prevention services, such as flu shots, pneumonia, shingles, and falls prevention. 4. Fund the State Department of Health public awareness campaigns to promote prevention services, such as flu shots, pneumonia, shingles, and falls prevention.

Maui Health Care Initiative Task Force
Summary of Priorities, Findings/Conclusions, and Recommendations

Disaster Preparedness

Priorities	Key Findings/Conclusions	Recommendations
SERVICES:		
Planning and Preparedness	Each of the agencies listed below have actively pursued planning for "disaster" events with emphasis on their individual specialty. These plans are well developed and have been discussed within the departments and agencies that they must coordinate with in time of disaster and have been implemented. ▪ Civil Defense focuses mainly on the physical/non biological related disasters. The Civil Defense Agency mans and manages a large communications center in the basement of the county building, incorporating such resources as the Red Cross, airport, utility companies, etc. In times of major emergency or disaster all are gathered together under the direction of the Director of Civil Defense who operates under and with the authority of the Mayor of Maui County.	▪ There is critical, utmost need for an overall disaster coordinator trained and knowledgeable in the major aspects of the administration, management, health care, environmental and epidemiological concerns of different catastrophes, under the guidance of the Mayor's office, to oversee procurement of funding, stock points-of-distribution, and to be involved with coordination with Fire, Police, Civil Defense, and Health department agency responses. Similar positions on Molokai and Lanai would serve to integrate those islands into an overall county preparedness plan. The Disaster Coordinator for Maui County would be located on Maui Island and would prepare for, mitigate, orchestrate, organize, administer to, and/or procure information for all disaster response agencies during those crises, reporting solely to the Mayor, and becoming a liaison between County, State, and Federal relief agencies.

Priorities	Key Findings/Conclusions	Recommendations
	▪ The State Department of Health is concerned primarily with public health issues. ▪ The Fire Department has roles in both physical and biological disasters, and has formulated strategic plans regarding training, preparation, and responses, at the same time providing first responders and fire suppression in multiple types of disasters. ▪ The Maui Police Department (MPD) shares the responsibility for public safety and protection as well MPD coordinates communications among key responders in a disaster situation. MPD has secured funds through Homeland Security to appropriate a central Command, Coordination, and Communication vehicle, capable of monitoring and communicating with multiple sources, including the hospital and ambulance response teams. ▪ The State Department of Health office coordinates the needs of the various entities, and communicates these needs to the state for increases in manpower or	▪ Immediately increase funding and staffing for agencies such as the Office of Civil Defense and the State Department of Health, to cope with disaster preparedness and education of the public. ▪ Allow those agencies, such as Fire and Police, to adequately staff their departments, train personnel in disaster responses, and begin to stockpile provisions so as to allow their civil service personnel and immediate families shelter and sustenance in times of crisis to alleviate the need to require those personnel to leave their homes and families in order to secure the safety of the public at large. ▪ Continued collaboration among all the involved entities is essential.

Priorities	Key Findings/Conclusions	Recommendations
	supplies when needed, and to organize the response to public health disasters, such as pandemic avian flu. ▪ Maui Memorial Medical Center's main goal is to be able to accommodate the influx of multiple injuries/illnesses resulting from a disaster, and meet the needs of health care under these circumstances by recalling personnel, organizing triage and treatment, and providing for hospitalization or surgery, as required. ▪ The Pacific Disaster Center (PDC) is a major federally funded enterprise that exists to provide quick access to relevant and critical information useful in planning and responding to emergencies and disasters. This information ranges from population density data to tsunami strengths. The PDC is willing and able to provide and share information with any agency in need of data helpful to their cause. It appears that the PDC, as a resource, is underutilized by the agencies not familiar with the Center's capabilities in times of disasters. The PDC staffs some thirty scientists, engineers, and software specialists who possess extensive	

Priorities	Key Findings/Conclusions	Recommendations
	knowledge in their fields of expertise, and are able to provide the information needed to mitigate, plan for, and respond to a variety of catastrophes. It should be noted that the PDC provides information support and consultation to agencies responsible for planning and responding to major emergencies and disasters upon request. ▪ American Red Cross is a humanitarian institution that has provided service to the nation and international countries for over 125 years. Services provided include: armed forces emergency services, biomedical services, community services, domestic disaster services, health and safety services, international development and disaster services. All American Red Cross disaster assistance is free, made possible by voluntary donations of time and money from the American people. There is an American Red Cross – Maui County Hawaii State Chapter in which other agencies collaborate with in times of disaster.	
	Maui County consists of four islands (Maui, Lanai, Molokai [including Kalawao County] and	Promote Maui County as inclusive of multiple island communities that work together toward a Maui Nui

Priorities	Key Findings/Conclusions	Recommendations
	Kahoolawe), with Lana'i and Moloka'i of equal importance with every other island in this system. It is observed that Lana'i and Moloka'i often are left out of discussions and which favor focused attention on the island of Maui. The islands of Lana'i and Moloka'i are frequently overlooked and, in time of disaster, left largely to their device and survivability during a disaster.	vision.
	The lay population is largely ignorant and uninformed of key information, preparations, and actions to take in the event of major disaster or emergency.	Most importantly, extensive education of the populace on all islands in Maui County is critical to prepare, plan, and respond to many other kinds of disasters or emergencies. These may include, but are not limited to, personal and/or family disaster kits (information easily found in local phone directories), being aware of tsunami evacuation instructions (also found in the telephone directory), Increasing TV, radio, and newspaper information and public service announcements would assist public preparation and improve the public's response disasters. Increasing information and public service announcements would assist public preparation and improve the public's response to disasters. See article in Disaster Preparedness Chapter that appeared in The Maui News on Saturday,

Priorities	Key Findings/Conclusions	Recommendations
		December 8, 2007, in which Maui County's Civil Defense administrator called the storm a "great wake up call" for residents to always be prepared.
		Increase funding for public education and disaster awareness through TV, radio, and newspaper, and begin immediately a program of informative public meetings, from grade school to churches, to give the public a better understanding of their roles in disaster planning and preparedness.
Communications Systems	Communication systems used in the event of major emergencies and disasters lack integration and commonality between key agencies responsible for planning and responding.	Communication systems throughout the county need immediate upgrading to a single shared frequency, probably in the 800-900 megahertz frequencies, that would be common between each and every agency involved with emergencies and disasters on each island. In addition, the procurement, testing, distribution of satellite phones throughout the county.
		Establish global County communication on a single frequency, procure additional satellite phones, and activate a command center in a disaster or emergency , as appropriate, to establish a satellite or remote command post to coordinate public safety.

Priorities	Key Findings/Conclusions	Recommendations
		Installing secured solar-operated phones for use in communications in rural areas would be of benefit in times of crisis.
INFRASTRUCTURE:		
Shelters/Facilities	Lana'i has the benefit of three (3) FEMA Disaster Response trailers for use during a disaster crisis. The local MPD police have access to the content of these trailers. In addition, Lana'i has four disaster shelters; however, the general public is not aware which shelters are available to them. In terms of the finding of the task force, all apply equally to the islands of Maui County.	The hospital systems in the County should be allowed to begin stockpiling of medications and supplies designed for infectious isolation, identifying which personnel could be instantly available for patient care, and establishing new security and arrival routes for those patients in times of pandemics or catastrophic injury.
Disaster Medical Assistance Teams	The presence of a local, organized, quick-response medical assistance team to treat and triage victims of disasters or major emergencies on a larger scale is generally lacking.	Establish, fund, supply, and enable local island Disaster Medical Assistance Teams able to quickly form and report to the scene of a disaster on each island.
Security	The protection and safeguarding of critical provisions, supplies, and equipment during disasters and emergencies is critical and must be coordinated with agencies responsible for its security.	The securing and safeguarding of foodstuffs and goods at major food and grocery stores, as well as building supplies and building/disaster equipment require coordination of public agencies and entities as well as private concerns, to prevent widespread looting, violence, chaos, and compromise of the needs to the public-at-large during a disaster.

Priorities	Key Findings/Conclusions	Recommendations
Transportation	All islands of Maui County, particularly in the more remote rural areas, though this holds true as well in the most populated areas, have deficiencies in alternative infrastructure. The inhabited islands of Maui County lack viable secondary seaports that could serve as alternative points of delivery should the primary port be inoperable or unavailable. The presence of secondary sea- and air- ports and land routes would provide alternate ways of ingress and egress, delivery of critical supplies and equipment following the aftermath of a major emergency or disaster.	Secondary ports would guard, in times of crisis, against being unable to offload supplies at the only ports available on the islands of Maui, Lana'i and Moloka'i - in Kahului, Kaumalapau, or Kaunakakai. Expanding airport services at West Maui airport and improving motor vehicle access, and ideally, secondary access to Lahaina, Hana, and Kula, would alleviate the concern of forced isolation.
		Improve access to Maui County by creating secondary ocean ports of entry on all islands, improving and expanding the road ad highway systems to outlying areas allowing for increased ingress/egress in affected areas, and enlarging the present capabilities and infrastructure at each island's airports throughout the county.
	A medical evacuation helicopter service dedicated to the service of Maui County would improve accessibility and transport time to and from rural areas of the County, as well as, the less accessible areas on each island. Enhanced treatment times and triage to	Preparing helicopter services for immediate use of their services during disasters would ease mobilization concerns, and establishing Disaster Medical Response Teams on each island to allow for expedient triage of injuries.

Priorities	Key Findings/Conclusions	Recommendations
	secondary and tertiary facilities would go far in improving medical and trauma outcomes.	
		Begin the stockpiling of goods, medicine, and foodstuffs at interval locations throughout the County in consideration of a protracted or catastrophic local disaster/pandemic.
	There exist a number of tsunami warning sirens that are not operational and require repair.	Immediately repair all dysfunctional or inoperable tsunami sirens in Maui county, preferably, the State of Hawaii.
Role of Maui County facilities within the statewide system of emergency and trauma care.	▪ A serious problem that remains and affects the entire state, including Maui County, is a lack of a Level 1 Trauma Center. ▪ Hawaii lacks a Level I Trauma Center; especially for a state that exists in the middle of the ocean. ▪ The counties provide Level II or III care.	▪ State of Hawaii re-examine the levels and study the appropriate trauma levels. Maui County should look at re-examining its trauma level and apply to become the appropriate trauma level. ▪ Maui County needs to tie in with a Level I trauma center in Hawaii and create lines of communications with other centers on the west coast of the mainland so that there is collaboration in events of significant disaster n the middle of the Pacific. ▪ Establish and fund Maui County as a Level II trauma center. This will require 24/7 coverage for a neurosurgeon and orthopedic surgeon.

Maui Health Care Initiative Task Force
Summary of Priorities, Findings/Conclusions, and Recommendations
Remote Rural Areas: Hana, Lana'i, Moloka'i

Priorities	Key Findings/Conclusions	Recommendations
INFRASTRUCTURE AND SERVICES:		
Rural area health systems	People in remote areas in Maui County have special needs and face unique challenges that merit individual attention.	Recommends community facilitated, or mediated, focus groups for the development of "area health systems" for planning for present and future: a) Acute, primary, and emergency needs and access issues b) Home and community based services programs c) Disaster preparedness community input and education
Emergency helicopter transport	Emergency helicopter transport can bridge geographic gaps. Reference the Primary, Acute, Emergency chapter for further details.	Strongly support the emergency helicopter transport to Maui Memorial Medical Center/Queens Medical Center.
Telepharmacy services	Telehealth can effectively provide quality medical services in remote areas.	Funding of Telepharmacy systems for residents to have pharmaceutical services. 4. Support telehealth initiative for specialty/subspeciality consultations, including elderly care at their homes.
Home and Community Based	Remote communities have limited facilities and can particularly benefit from creative elder care programs. (Reference the Home and	Support "Home and Community Based Services" studies and individual initiative to plan, develop, and

Priorities	Key Findings/Conclusions	Recommendations
Services	Community Based Services chapter).	fund an elderly care program.
Cultural Competency	Health care workers uneducated about culture values create barriers to health care access, especially for immigrant and/or elderly patients. For instance, Lana'i elder women of Filipino descent refuse to be seen by any male physicians. Maui County continues to experience significant immigration from the Philippines, Mexico, Micronesia. This trend is expected to continue. Older persons who immigrated to Hawaii years ago continue to speak in their native languages and practice cultural traditions.	Increase and fund cultural competency training for health care workers.
Traditional Healing Practices	Documentation exists in the State of Hawaii regarding the effectiveness of traditional healing practices. Some health plans now provide reimbursement for some types of services, such as, acupuncture.	Integrate Native Hawaiian and other traditional healing practices in the health care delivery system.
Native Hawaiian Health	Health care disparities between different groups is nowhere as evident as in the Native Hawaiian population. Documentation of these disparities exists in the Remote Rural Areas chapter.	Support those organizations whose mission is to improve the health and wellness of native Hawaiians and their communities: the Native Hawaiian Health Care Systems (Papa Ola Lokahi), Hui No Ke Ola Pono (Maui), Na Pu`uwai (Moloka`i/Lana`i), and Moloka`i General

Priorities	Key Findings/Conclusions	Recommendations
		Hospital/Queens Medical Center including: ▪ Care development and coordination of culturally appropriate chronic disease management services; ▪ Research, education and prevention/screening and programs; Support Federal and State funding requests.
Hana	The Hana community has unresolved issues with respect to provision of health care services.	1. Sponsor and fund a collaborative hemodialysis center in Hana. 2. Support Hana Community Health Center (FQHC). State legislative requests for subsidy and capital improvement projects, focused primarily on improved and expanded emergency care capabilities.
Lana`i	The FY 2007 Legislature approved $1.4 million to improve and upgrade ER facilities and services for the Lana'i Community Hospital. Lana`i Women's Center was recently designated as a Federally Qualified Health Center (FQHC) and was funded by the Legislature. The FY 2007 Legislature approved $500,000 for a capital improvement	Sponsor Lana`i Community Critical Access Hospital State legislative request for funding for upgrading ER services; Support release of state funding for ER facilities. Support Lana`i FQHC. State legislative requests for subsidy and capital improvement projects, focused primarily on improved and expanded.

Priorities	Key Findings/Conclusions	Recommendations
	project for the FQHC.	
Moloka`i		1. Support a Licensed Practical Nurse (LPN) degree curriculum at Moloka`i's Maui Community College, in collaboration with Moloka`i General Hospital. 2. Support local substance abuse initiatives and programs as the priority behavioral health need 3. Support State legislative requests for subsidy funding for Moloka`i General Hospital 24/7/365 emergency care operations.

ACUTE, PRIMARY, AND EMERGENCY PRIORITIES, FINDINGS, AND RECOMMENDATIONS

Acute, Primary and Emergency Care

The task force was charged with defining current and future primary, acute, and emergency needs for Maui County. An effective health care system affects these three needs. The following definitions (Glossary section in the Hawai`i Health Performance Plan) apply:

- **Acute Care:** Health care delivered to patients experiencing acute illness or trauma. Acute care generally occurs in a hospital or emergency room setting and is generally a short-term pattern of care in contrast to chronic care, which is long term. "Acute" bed services refer to those inpatient services provided to patients whose average length of stay is usually less than thirty days (§11-186-3, HAR).

  Acute care is part of the continuum of primary care, acute care, and long-term care. It provides services for short term health problems that cannot be addressed solely by primary care services or that occur in addition to long-term chronic conditions.

  Emergency medical services system: A system that provides for the arrangement of personnel, facilities, and equipment for the effective and coordinated delivery of health care services in an appropriate geographic area under emergency conditions.

  Emergency medical services: Services utilized in responding to a perceived need for immediate medical care to prevent death or aggravation of physiological illness or injury.

  Emergency room services: Services provided in a designated unit within a hospital for the immediate treatment of injury and other types of health emergencies (§11-186-3, HAR). Services include ground ambulance transport; air (fixed-wing) ambulance transport: helicopter ambulance transport; and emergency departments. The need for emergency room services can be impacted through more effective health promotion.

  Primary Care: The provision of integrated, accessible health care services by clinicians who are accountable for addressing a large majority of personal health care needs, developing a sustained partnership with patients, and practicing in the current context of family and community. The scope of primary care includes acute and chronic care, prevention, and coordination of referrals. The range of activities includes clinical services; outreach and educational services; health needs assessments; information and referral services; health promotion activities; culturally-sensitive health and social services; outcome based quality improvement/ management; and client tracking and follow-up system. Primary care providers include physicians practicing in the fields of internal medicine, family and general medicine, obstetrics/gynecology, and pediatrics; and non-physician or "midlevel" practitioners such as physician assistants, nurse practitioners, and certified nurse midwives. Primary care is the foundation block of health care delivery system through comprehensive and continuous case management. It provides cost containment and health enhancement potential through services appropriately organized in terms of availability, accessibility, quality and continuity. Well-organized

services can reduce the use of high cost emergency room care in lieu of a primary care provider.

I. Summary of Findings and Conclusions on Needs and Recommended Prioritized Solutions

The following key service and infrastructure needs have been identified and prioritized:

A. Health Care Service Needs (listed in order of priority):

Priority 1. Emergency Care and Transportation

Priority 2.
a. Mental Health Care
b. Dental Services

Priority 3.
a. Obstetric Care and Neonatal Resuscitation Team
b. Health Promotion and Disease Prevention

Priority 4. Pharmacy Services

Priority 5. Other identified health care services of need:
a. Oncology
b. Stroke and neurological services
c. Dialysis
d. Cardiac care
e. Opthalmology Services; and
f. Orthopedics

B. Infrastructure Needs (listed in order of priority):

Priority 1. Modern Facilities, including long term care beds, acute care beds, regional emergency facilities and a West Maui Critical Access Hospital

Priority 2. Increased Reimbursement from Medicare, Medicaid and third party insurers

Priority 3. Workforce development

Priority 4. Other identified health care infrastructure areas of need:

a. technology (i.e., digital imaging, electronic medical records, Regional Health Information Organizations, and telemedicine capabilities)

b. creative health care financing (i.e., public/private partnerships)
c. regulatory changes (i.e., CON law); and
d. case management systems

II. Discussion and Findings

A. Health Care Service Needs

1. Emergency Care and Transport system needs

The need for improved emergency care and transport is most evident in West Maui where there are no emergency care facilities despite the presence of a significant number of residents and tourists. Additionally access to facilities is a problem. Population projections for West Maui indicate the area will experience significant population growth over the next ten to twenty years.

Although Lana'i reports success with stabilization and transport of emergency cases, the facility is in need of an upgrade and funds allocated to upgrade its ER are reportedly being withheld. Lana'i also reports a need to have digitized diagnostic equipment to enable it to share information with outside health care providers when emergency care is needed. The same can be said for all remote areas of Maui County: digitized diagnostic equipment can enable remote consultation in an era of provider shortages, potentially improving emergency care in all regions of the county.

Moloka'i General Hospital reports very good emergency care and transport to Oahu or Maui medical centers as a result of its partnership with Queens Medical Center. However, it relies/depends on "off-island" emergency room physicians in addition to laboratory and radiology technicians for coverage.

Maui Memorial Medical Center's (MMMC) Emergency Department is in the process of being upgraded and expanded. This will provide additional capacity and enable better triage of patients presenting to the ER. However, this facility, while centrally located, remains remote from other areas of the island, such as Hana, and other remote locations within the County, including Lana'i, Moloka'i, and Kaho'olawe.

As a consequence, and in support of better access to emergency care county-wide, integrated emergency transport services are recommended to facilitate transport of emergency cases. Appropriate landing sites, including pre-designated night-safe landing zones, have been researched, photographed, GPS mapped, and distributed to all emergency responders. These sites are geographically and operationally diverse and are safe and appropriate. Pre-designated night-safe landing zones include, without limitation: Lahaina, Napili, Wailea, Kahakuloa, Hana, Keanae, Haiku, Kipahulu, Lana`i City, Manele, Manae, One Alii, Hoolehua, Manulaloa, and Hale o Lono. Helicopter landing sites closer to the scene of emergencies can also be used during safe conditions. Currently lacking, however, are landing zones at MMMC, Lana'i Community Hospital, Moloka'i General Hospital, Kula Hospital, and Hana Medical Center.

Most emergency transport occurs on the ground. There is no reported shortage of ambulances, except on Moloka'i.

In terms of ground transportation, Moloka`i has 1 ambulance. Lana`i has 1 ambulance. Maui Island has 9 ambulances (2-Central, 1-Makawao, 1-Kula- the crew also covers helicopter transport, 1-Hana, 1-Kihei, 1-Wailea, 1-Lahaina, 1-Napili). Helicopter services on Moloka'i usually land at a site unless the medical crew decides to transport immediately. No helicopters are stationed on Molokai.

Typically, the emergency medical team decides whether a patient should be transported by air or ground transport. In select cases patients are transported to medical centers on island or off-island via helicopter to the airport then transferred by ambulance to the receiving hospital or directly to Queens Medical Center for care. Fixed wing transport is also used to transfer stroke patients from the Big Island to Maui's airport for care at MMMC.

Maui's emergency helicopter medical crew is located in Kula where they also function as the Kula stationed ambulance crew, while the helicopter is located at the Kahului Airport. This requires that the helicopter fly to Kula to pick up the emergency crew prior to flying to their pick-up destination. On Moloka'i, patients are transported directly to Queen's medical center and MMMC by the Maui helicopter crew. In all cases patients are transported to appropriate helicopter landing pads.

With emergency stroke cases increasingly being transported from the Island of Hawai'i to Maui, the task force recommends that improvements in the emergency transport system include the Big Island as well as transport services directly to tertiary care hospitals on Oahu. An integrated, multi-island (including Kaho'olawe) emergency transport and communication system should include multiple means of transport, creating an appropriate level of efficient, redundant transport means, able to respond to multiple emergency medical situations.

Finally, orthopedic and ophthalmologic care is difficult to obtain in the ER at MMMC.

2. Mental Health Service Needs

Mental health service needs exist in a variety of settings and populations, including the following (not listed in order of priority):

Veterans predictably have a need for mental health services. Although a V.A. advocate testified that veteran's mental health needs are being addressed through a variety of creative means, including tele-psychiatry, she also reported that many veterans needing mental health services do not seek help.

Second, because Maui's population is aging and seniors are relocating from other areas of the country to retire in Hawai'i, there will be a need for additional services, including respite care, Alzheimer's/dementia care.

Prevalent use of "ice" and other forms of substance abuse in Maui County will produce a generation of people with mental incapacities in need of mental health care services. The needs of this population will compete with the needs of seniors, persons with disabilities, and the general population for similar services, thereby exacerbating the mental health care services deficit.

Fourth, due to low reimbursement for adult and child/adolescent psychiatry services, access to psychiatrists is limited. Psychiatric care for this population consequently defaults to primary care physicians who lack the formal training to appropriately respond to the psychiatric needs that exist. Greater use of psychologists may help ease psychiatric care needs. This may include allowing psychologists to manage particular kinds of cases or events and to prescribe specified medications, subject to appropriate regulation, training and oversight.

Fifth, Hana, Lana'i and Moloka'i are designated by the federal government as Mental Health Professional Shortage Areas.

Finally, there is a need for inpatient psychiatric/geriatric beds to provide adult, adolescent, geriatric and substance abuse care and treatment.

3. Dental Care Needs

According to the United States Surgeon General, oral health is the leading medical problem facing the United States. Several studies have shown a link between periodontal disease and diabetes, cardiac disease and other serious health conditions.

In Maui County, access to dental care for the elderly, the indigent, Native Hawaiians and those with Quest or Medicaid is extremely limited, if not non-existent. Even HMSA dental plan enrollees are reported having difficulty accessing dental care due to low provider reimbursement rates and administrative hassles. Maui County has been designated a Dental Health Professional Shortage Area by HRSA.

Of note, Maui County's water is not fluoridated. Fluoridation has been shown to be the most effective and least expensive method to decrease dental decay. According to HMSA's 2007 Trends report, 33% of children in Hawai`i have unmet dental treatment needs; 72.7% of Hawaii's 6-8 year olds have one or more cavities compared to 35% nationally; 15.8% of Hawaii's 5 year olds (32.67% of Moloka'i children, 32.19% of Filipinos and 20.79% of Native Hawaiians) have "baby bottle" tooth decay compared to 5% for mainland children. Although no consensus was reach, the task force supports (by a vote of 9 in favor and 5 opposed) fluoridation of public water supplies in Maui County.

4. Obstetric Care and Neonatal Resuscitation Team Needs

Currently there are six birthing rooms at MMMC. Babies are moved to a nursery from the labor and delivery room and mothers are moved to a post-partum room. The

hospital goal is to keep newborns and mothers together throughout the labor-delivery-postpartum continuum to capture efficiencies and improved family care. On Moloka'i, there is a one labor and delivery room. Mothers are moved to a post-partum room with babies. There is no separate nursery. There is a need for a larger birthing center for mothers, family members and newborns on Maui. Such a center would promote continuity of care and improved outcomes for mothers, babies and family members alike.

When emergency C-sections are performed, an emergency team (obstetrician, anesthesiologist, pediatrician, and OR staff) must be called in, creating a time gap. When there is a dedicated 24/7/365 in-house team (obstetrician, anesthesiologist, neonatal resuscitation team) involved, necessary rapid response is made possible and the management and technical skills needed to manage these kinds of cases is limited to a few people, increasing their exposure and skill levels. This will enhance stabilization and improve outcomes for the obstetric and neonatal population. Sufficient volume exists, per physician assessment, to justify an in-house neonatal resuscitation team. This issue is unique to Maui Island as half of babies on Moloka'i are born off-island as many mothers prefer receiving epidurals. Lana`i babies are delivered off island due to a lack of obstetricians on Lana'i.

There is a need for an in-house, 24/7/365 coordinated, trained neonatal resuscitation team at MMMC to respond to emergency newborn conditions that require resuscitation and special management.

There is also a need for in-house anesthesia services as well as in-house OB hospitalist services, which along with an in-house neonatal resuscitation team would provide emergency interventional services with consequent improved neonatal outcomes.

Epidurals, which provide a higher level of comfort for mothers, cannot be performed due to the lack of in-house anesthesia services. With an in-house anesthesia team 24/7/365, this can be performed.

5. Health Promotion and Disease Prevention Needs

The "Maui Bed Needs Study, 2005 – 2025," reports that "The better the primary care system works, the fewer hospitalizations (and acute care beds) are required for these conditions." These are referred to in the study as "potentially preventable hospitalizations." According to the study, in 2002, 13% of all discharges from MMMC represented potentially preventable diseases. Specific diseases subject to better preventive management include diabetes, bacterial pneumonia, cellulitis and congestive heart failure.

Some segments of our population are at particular risk and would benefit from intensified/focused health promotion and disease prevention programs. Of note, the life expectancy of Native Hawaiians is significantly less than that of other populations. Eighteen percent of Native Hawaiians die before reaching age 45, 2.5 times higher than

the death rate of other ethnic groups. Native Hawaiians experience higher death rates than the general population from cancer (50% higher), diabetes (119% higher), heart disease (86% higher), cerebrovascular disease (64% higher), other circulatory diseases (46% higher), chronic lower respiratory disease (52% higher) and nephritis and nephrosis (140%).

6. Pharmacy Service Needs

Lana'i reports having no pharmacy service; tele-pharmacy services in partnership with a pharmacy on Kaua`i have been suspended. West Maui reports no pharmacy open after 5 pm. All areas of Maui County face similar circumstances, either currently or anticipated, not to mention lack of late night pharmacy access at MMMC itself due to the shrinking numbers of pharmacists available on Maui.

Prescriptions can be written and filled in the emergency departments at MMMC and Kula hospitals, but the cost is prohibitive. Bypassing the ER to gain after-hour access to prescription drugs at MMMC and Kula should be explored.

Tele-pharmacy options need to be explored in depth given Maui's rural character, limited number of pharmacists and no pharmacies open after hours. Lana'i has no weekend pharmacy options. Kula Hospital and Lanai's clinic and hospital are not deemed pharmacies pursuant to Medicare Part D. Accordingly, Medicare-covered prescription drugs are unavailable at both locations for Medicare eligible seniors. Whether pharmacists on duty at MMMC could provide tele-pharmacy services to remote areas of the County should be explored, subject to applicable restrictions, to address this access gap. Best practices in other rural communities may provide guidance.

Overall, Hawai'i and the nation face a current and expected shortage of pharmacists. This might be remedied with the startup of the pharmacy school at University of Hawai'i at Hilo, which has ninety students in its first cohort.

7. Other Service Needs

    a. Oncology Services – The Committee noted a need for infusion therapy support due to significant financial risks and burdens associated with stocking infusion drugs and providing the service.

    b. Neuro-surgical needs. There is only one neuro-surgeon on Maui. The neuro-surgery program lacks redundancy.

    c. Dialysis – Many of the dialysis needs are being met, but there are gaps, such as Hana, where 4 diabetics needing dialysis treatment have to travel to and from Hana to Central Maui for treatment three times a week. Improved transportation services may improve access to dialysis treatment and for emergency support.

Moloka'i Dialysis Center reports a total of twenty seven patients, twenty two with diabetes, including twelve Native Hawaiians. Native Hawaiians experience a death rate from diabetes that is more than twice that of the general population (see above). Renal dialysis diagnosis for inpatient acute and observation discharges at MMMC have doubled in the past five years.

d. Cardiac Care – The Committee noted that MMMC plans to expand cardiac care services significantly and that a CON for a heart center has been approved along with enabling legislation providing authorization for raising $100,000,000 through revenue bonds for facilities and equipment. It merits attention here because the service is currently not available to the extent needed by the community and as Maui's population ages, this will become even more important. The Committee also found that a full cardiac program will likely elevate the whole performance level of the hospital, to the benefit of many.

e. Ophthalmology Services – Ophthalmology services are not readily available in the emergency room.

f. Orthopedic Services – While recognizing that access to orthopedic care is an issue state-wide and nation-wide, it is nonetheless needed to provide emergency care at MMMC and in short supply.

B. Infrastructure Needs

1. Modern Facilities

Citing the "Maui Bed Need Study, 2005 – 2025," Act 219 states that Maui County needs additional acute care beds and services. Act 219 also states that the Maui Health Care Initiative Task Force is to develop a comprehensive strategic health plan that will help to expedite ". . .the approval of new acute care facilities and medical or emergency services on the island of Maui."

As facilities age, depreciation and deterioration occurs and must be considered and anticipated as part of the community's cost of providing quality health care to its citizens. Medical facilities need to be continuously modernized to keep up with technology. Modernization includes continuous updating of technology, systems, and replacement of outmoded facilities and infrastructure. For example, because of the lack of private rooms in the current hospital facility it makes optimal use of beds extremely difficult and provides substandard patient/family comfort. All modern hospitals constructed on the mainland are built with only private rooms.

It is critical to modernize MMMC, utilizing phased reconstruction and/or replacement.

a. Long Term Care Beds

Based on (1) the Maui Bed Need Study, (2) the existence of wait-list patients occupying acute care beds, (3) testimony by a veterans' advocate regarding the need for long term care beds for veterans, and (4) population projection data showing the number of Maui's elderly growing significantly in the next ten to twenty years, facility based long term care beds are needed now and in the future close to large population centers. The Committee recognizes a particular need for long term care beds in West Maui, which might also serve to anchor/draw other health care facilities and personnel to the region. Moloka'i and Lana'i and other areas of the state have not had the benefit of a bed need study to predict future needs.

For more on the subject of long term care beds see the Home and Community Based Services Committee section of the report.

b. Acute Care Beds

The Maui Bed Needs Study reported the following acute care bed needs for Maui Island (the study did not include Lana'i and Moloka'i):

"• Without wait list patients, MMMC's existing supply of licensed beds (i.e. 196 beds) is adequate for the short-term, through 2005. To meet the bed needs of wait listed patients an additional 41 beds (a 21 percent increase) need to be added to MMMC's capacity to meet current demand.

"• Bed capacity expansion is needed beyond 2005 to meet the acute care needs of the growing and aging population. High estimates indicate that approximately 30 more beds needed every five years beginning in 2015[1]. With wait listed patients included, increases need to be 30-40 bed increases every five years beginning in 2005.

"• To meet the needs of the population 99 percent of the time, 21-31 beds needed to be added every five years beginning in 2015 if the need is only for acute care, and beginning in 2005 if the high volume of wait listed patients is to continue."

A simplified version of the number of beds to be added is included in Table 1 below (source: Maui Bed Needs Study):

Table 1: Beds to be Added on Maui Island, 2005-2025

Needs if 12% of Maui Residents Continue to be Hospitalized on Oahu	**2005**	**2010**	**2015**	**2020**	**2025**
High Estimate to Meet Acute Care Needs Only	189	214	242	272	305
High Estimate to Meet Wait List Needs Only	48	55	65	73	85
Total Beds Needed to Match High Estimates	**237**	**269**	**307**	**345**	**390**
Beds to be Added Beyond Current 196 at MMMC					
To Meet High Estimate Acute Care Needs	-7	18	46	76	109
To Meet High Estimate Wait List Needs	48	55	65	73	85
Total Beds to be Added to Meet High Estimates	**41**	**73**	**111**	**149**	**194**
OR					
Revised Needs if Maui Residents No Longer Go to Oahu for Hospitalization					
Additional Beds Required	25	29	33	37	42
Revised Total Beds Needed	**262**	**298**	**340**	**382**	**432**
Revised Total Additional Beds Needed	**66**	**102**	**144**	**186**	**236**

Note: The High Estimate is the Current Use Model estimate assuming an occupancy rate of 75% plus 5%. Refer to Table 14 on page 55 for details.

• Currently, Maui's acute care bed supply is 1.4 beds per 1,000 population.
• Both the current use and trend analysis models yield bed need projections substantially below 2 beds per 1,000 population. In 2002, Maui's [SHPDA-recognized] licensed bed supply was1.5 beds per 1,000 population. Projections which include wait list patients start a 1.5 beds per 1,000 and reach 1.8 beds by 2025. Projections which exclude wait list patients range from 1.3 beds per 1,000 in 2005 to 1.5 beds per 1,000 in 2025.

The Maui Bed Needs Study also included the following comments:

"Assumptions and Policy Issues

The following assumptions impact the bed need projections substantially:
• An underlying assumption with all methods was that 12 percent of Maui island residents would continue to be hospitalized on Oahu. That is equivalent to 20 to 23 beds per day currently.
• Two different assumptions were presented related to critical care utilization on Maui. One assumption was that the ratio of critical care beds to medical surgical beds would remain at 2002 levels, or 8.2%. The second assumption was that the ratio would approximate the state average between 1998 and 2002, or 9.5%.
• Assumptions related to Maui patients treated on Oahu and the ratio of critical care beds involve basic policy questions which need to be answered and are beyond the scope of this study:
o Will tertiary care services remain centralized on Oahu or will there be planned dissemination of these services and resources (workforce, technology, infrastructure) to neighbor islands?
o Will Big Island patients travel to Maui for tertiary care rather than traveling to Oahu?
• Two sets of calculations were performed for each bed projection model. The first set assumed that there would be no wait list patients in acute care beds. The second set assumed that the problem of wait list patients in acute care beds would not be resolved and that this patient population would continue to grow.

- The policy question to be addressed related to wait list patients is:
    - How will Hawaii address the needs of its elderly population for long-term care services? The planned solution needs to alleviate the current default whereby the burden of their [long-term] care becomes a problem of acute care facilities."

The Maui Bed Need Study found that "wait-listed" stays at MMMC are a particular problem. "Wait listed patients are defined as hospital inpatients no longer requiring acute care and ready to be discharged to a lower level of care, usually an SNF or ICF, but for whom no capacity exists to enable transfer, or the patient is not acceptable to the available provider of care." (Not all wait-list patients need SNF or ICF beds. Some could be served in lower intensity settings, including appropriate home care, if available. Also, some wail-list patients present special management challenges that cannot be effectively managed in traditional SNF or ICF beds.) Testimony presented to the Task Force indicated that the number of wait-list patients is increasing. Additionally, the population is aging, which is likely to exacerbate the wait-list problem.

The Maui Bed Needs Study (page 5) states "that Maui's insufficient supply of facility-based services to meet current and anticipated future needs is a major problem. Little capacity exists to accommodate seasonal fluctuations, disasters, or the needs of an aging population. There is no flexibility in the system".

The study also states (page 13) "that hospitals are now catching up on 10 years of delayed capital investment in inpatient facilities. Top priorities for expansion will be operating rooms, critical care units, and emergency departments. From a capital standpoint, "haves and have-nots" will exist among US hospitals. In an expanding market, organizations with capital can make the facility investments needed to grow. But facilities with limited capital access or those that are "capped-out" in terms of additional borrowings must become innovative in terms of capital partnerships, joint ventures, and other financial arrangements".

Projected population growth, an aging population and increasing regionalization of hospital services, including expanded cooperative relationships with the island of Hawai'i, point to a need for additional acute care capacity. An acute care bed shortage is described above based on findings of the Maui Bed Needs Study. There is not an acute care bed shortage on Lana`i or Moloka`i since patients are typically stabilized in its facility and transported off-island.

Currently, MMMC has 197 acute care beds. In January 2008, the number of acute care beds is expected to increase to 209 beds when the Moloka`i East unit is reopened. By the end of the first quarter 2008, the number of acute care beds is expected to increase to 221 when the remodeling and conversion of beds in the former ICU unit is complete. Projecting further into the future, MMMC expects to increase the number of acute care beds to 287[1] with the opening of the proposed Heart, Brain and Vascular Tower.

[1] Subject to verification as approved certificate of need application reflected no bed increase and MMMC reports a planned increase.

Thereafter (2011-2012), MMMC projects construction of a new maternal care wing with full obstetric and neonatal facilities, subject to a feasibility study which needs to be done.

Observations by the State Health Planning and Development Agency made in its October 2, 2006, Order denying Malulani's application for a Certificate of Need (CON) are relevant:

"Maui will need additional acute care beds and associated services in the future. Given the current demographic projections, if circumstances do not change substantially over the next five years, Maui may need: a maximum of approximately 55-85 additional acute care beds by 2010, or, a maximum of approximately 90-130 acute care beds by 2015. (Based upon the 2004 Maui Bed Need Study and need projections in this application.) If the long term care waitlist issue is resolved, this need may be significantly less, depending on the degree to which the issue is resolved.

"To build a second hospital on Maui to fulfill this future need would undermine and weaken the community's healthcare system by duplicating and diluting services.

"One large, well-run facility, strategically-located, would be the most efficient and effective means of addressing the acute care needs on Maui. All financial, medical and personnel resources could be focused on one acute care center. There would be no duplication or dilution or services or staff. Achieving economies of scale would facilitate long term economic feasibility. One profitable hospital would have the resources to partner with Maui county regions to ensure that access to the proper level of care is available to all regions of Maui. This could include urgent care, emergent care and long term care.

"It is likely that Maui's ability to establish a Level II Trauma Center (as recommended by the American College of Surgeons Committee on Trauma in their 2005 Trauma System Consultation) would be severely impaired if two hospitals were duplicating services on Maui.

"The state may not have the capital to expand, replace or significantly upgrade MMMC to meet the future needs of Maui. In addition, it may not be structurally or financially viable to make significant renovations to MMMC in the future.

"The resources of a private sector provider or a private/public community joint venture may be needed.

"The long term care waitlist needs to be addressed."

c. Regional Emergency Facilities

Due to the rural and remote nature of much of Maui County, dispersed emergency stabilization and transportation services are needed beyond those that exist today.

Comments above under the category of emergency service needs are incorporated here by reference.

d. West Maui Critical Access Hospital Need

West Maui has no medical facilities beyond individual physician offices, medical clinics and an after hours urgent care clinic operated by Maui Medical Group, supplemented by funds from the State of Hawaii. Given the population in the area, consisting of both residents and tourists, and given projected growth for the region, the Committee finds that a critical access hospital ("CAH" hereafter) would serve the needs of the community well and could grow as the community's medical needs mature. Data contained in "Socio-Economic Forecast" (Maui County General Plan 2030, June 2006) shows the resident population of West Maui growing from 19,845 in 2005 to 26,979 in 2025 (Exhibit HL R-2: Regional Forecasts for Lahaina", p. 80) with an average visitor population increasing from 24,849 in 2005 to 34,535 in 2025 (Exhibit Trend 19: Average Visitor Census). The exact size, number of beds and location of such a facility was not defined by the Committee. However, it appears that the region meets the criteria for a CAH. A CAH could access reimbursement that would provide some financial relief, while recognizing that, on average, CAHs in Hawaii operate at a greater than 10% loss. In turn, a CAH would provide relief for MMMC's emergency facility, provide some relief in the event of a disaster, could provide access to care in the event of road closure, and provide comfort for the West Maui community that its health care needs are being addressed.

e. South Maui Hospital Need

How to address emergency care in South Maui did not reach consensus and warrants further analysis. Some task force members favor a CAH in South Maui, expressing concern about the community's distance from MMMC, access to care during inclement weather and natural disasters and perceiving a general need for localized care while others oppose a South Maui CAH at this time based on need while questioning whether CAH criteria could even be met. Data contained in "Socio-Economic Forecast" (Maui County General Plan 2030, June 2006) shows the resident population of Kihei-Makena growing from 25,599 in 2005 to 35,962 in 2025 (Exhibit HL R-2 – Regional Forecasts for Kihei-Makena, p. 80) with an average visitor population increasing from 19,447 in 2005 to 27,028 in 2025 (Exhibit Trend 19: Kihei-Makena, p. 101).

2. Reimbursement Needs

Many sources reported that reimbursement by Medicare, Medicaid and third party payers is inadequate to sustain Maui's health care system. The State of Hawaii's Medicare designation and inadequate funding of the Medicaid program are noted to be a large part of the problem. The Committee heard testimony by a representative of the Hawaii Health Information Corporation that all hospitals in Hawaii have suffered losses the past 6 quarters. Because a significant portion of revenue supporting hospital and long term care facilities comes from Medicare and Medicaid, inadequate funding from

these sources threatens the viability and sustainability of Maui's facilities and contributes to facility congestion and inefficiency.

The Chief Executive Officer of MMMC reported that Medicare and Medicaid reimbursement falls significantly short of covering the cost of care for these patients. Third party payers also now pay less than cost.

Physicians reported that reimbursement from HMSA is not adequate and that physician recruitment and retention is hampered as a result. Dwindling physician ranks due to inadequate recruitment and retention along with an aging physician population threaten access to care. Unless provider and facility payments are increased, Maui County's health care system will remain in severe jeopardy.

Health care premium charged in Hawaii is lower than that charged nationally (despite Hawaii having a high cost of living compared to the mainland). In part, this is due to lower hospital admission rates customary in Hawai'i. However, low premium leads to low reimbursement to providers and facilities. While acknowledging that affordability of health care coverage is, in large part, tied to the cost of insurance, inadequate provider and facility reimbursement renders a health care system unsustainable. Balance needs to be achieved. Currently, the system is out of balance and needs to be adjusted; facility and provider reimbursements need to be increased.

3. Workforce Needs

Workforce shortages are faced throughout the County, driven by a number of factors: low reimbursement, high cost of housing, high cost of living, the perceived limitations **of** rural community life, facilities in need of upgrade, access to quality education, etc. Opportunities exist to increase the work force by expanding the enrollment and retention efforts for nursing students at Maui Community College, attracting pharmacists to Maui from U.H. Hilo's graduate program, educating and attracting youth about careers in health care, through a Maui-based residency program for physicians. For instance, Lahainluna High School, Maui High School, Baldwin High School and Kamehameha Schools are implementing Health and Medical Care Career Pathway Programs to teach students about health and long term care careers.

Modern facilities, like the proposed Heart, Brain and Vascular and associated improvements will also help to attract physicians, nurses and medical technicians to Maui County. Without a sufficient workforce, the needs described in this Committee report cannot be met.

4. Other Needs

a. Technology – All diagnostic equipment in all areas need to be digitized. An improved CT scan is needed for MMMC. Investment in telemedicine capability would help address health care provider shortages, particularly in remote areas of the county. Lana'i reports a need for digitized diagnostic equipment to facilitate information sharing

with outside experts, particularly when emergency care is needed. Digitized diagnostic equipment enabling remote consultation in an era of provider shortages is needed for all regions of Maui County.

Wide-spread use of electronic medical records (EMRs) and confidential sharing of medical data could improve health care quality and increase efficiency. Health care information exchange in Maui County's current health care system is hindered by disparate, mostly paper based medical record systems; this negatively impacts quality of care, efficiency and cost of health care. Performance and outcome improvement efforts are also harmed or blocked by the burden of labor intensive measures, given the current health information systems.

Use and integration of interoperable electronic medical record systems with Regional Health Information System Organizations (RHIOs) is recognized to significantly improve quality, efficiency and cost of health care. Such systems are also noted to facilitate performance and outcome improvement efforts.

b. Creative Health Care Financing (Public/Private Partnerships) – The Committee is concerned that without opening channels to private equity, Maui County may be unable to meet its health care needs. Depending largely on state largesse may not produce a winning system, particularly in a down economy.

c. Case Management – Organized systems of care management can improve health, increase consumer satisfaction while reducing system costs and utilization.

Recommended Initiatives

A. Health Care Service Needs (listed in order of priority):

Priority 1. Emergency Care and Transportation

a. Construction of a West Maui Critical Access Hospital facility with an Emergency Room

b. Move toward construction of regional Emergency Facilities in appropriate underserved areas of Maui County

c. Develop adequate emergency helicopter transport network to include:

1) Station helicopters at West Maui, MMMC and the Big Island;

2) Place helicopter landing pads at MMMC, West Maui, South Maui, Upcountry, North Shore, Hana, Lana'i, Moloka'i and Big Island hospitals; and

3) Co-locate helicopters and medical crews.

d. Digitalization of all diagnostic equipment networking all regional ERs and hospitals

1) PACS system transmission capabilities at all ERs

2) Telemedicine capabilities at all ERs

Priority 2.

a. Mental Health Care

1. Improve availability of psychiatrists/psychologists through reimbursement changes.
2. Develop telemedicine network to enable centralized, more efficient access to psychiatry/psychology providers.
3. Develop Alzheimers/geriatric psychiatry support and respite care services.
4. Develop County-wide management/support protocols.
5. Develop County-wide education protocols.
6. Develop County-wide substance abuse management/support protocols.
7. Develop County-wide substance abuse education protocols.
8. Develop/support inpatient substance abuse beds/facilities.
9. Empower psychologists to manage and prescribe specified medications, subject to appropriate training, regulation and oversight.

b. Dental Services

1. Improve availability of dentists through reimbursement changes.
2. Improve timely access to dental services for uninsured and underinsured population.
3. Develop dental service outreach services to rural areas, such as Hana, Lana`i and Moloka`i.

4. Develop dental education outreach to Native Hawaiian, homeless, and indigent populations.
5. Develop dental education outreach to general population.
6. Fluoridate Maui County public water supplies.
7. Expand use of existing mobile dental service through MCC, particularly for the elderly, uninsured and at-risk populations.

Priority 3.

a. Obstetric Care and Neonatal Resuscitation Team

1. Develop a larger maternal-child birthing wing at MMMC.
2. Develop prenatal/natal care outreach protocols for pregnant women in rural areas, such as Hana, Lana'i and Moloka'i.
3. Develop MMMC 24/7365 OB hospitalist program.
4. Develop MMMC 24/7/365 in-house anesthesia program.
5. Develop MMMC 24/7/365 in-house neonatal resuscitation team (3 members per shift) composed of an advance life support nurse/neonatal nurse practitioner, a respiratory therapist and an RN from nursery, labor and delivery or the postpartum ward.
6. Develop regular continuing education programs and protocols for all MMMC in-house teams.
7. Improve the availability of obstetricians through reimbursement improvements.
8. Create a position for Nursery Director at MMMC and raise MMMC's nursery to Level 2.

b. Health Promotion and Disease Prevention

1. Develop culturally sensitive education programs County-wide to address obesity, nutrition, lifestyle, smoking cessation, mental health, dental health, substance abuse, teen pregnancy, diabetes, heart disease, chronic kidney disease and education programs using various media and outlets, such as schools television/cable (Akaku), radio, newspapers, direct mail, public events, the Internet/email, workplace programs and community groups.

2. Develop and target outreach programs to affect populations who for various reasons (i.e., geographic isolation and cultural access) may not be able to receive educational efforts.

3. Use proven disease management techniques and technologies to improve the health of those with chronic diseases.

Priority 4. Pharmacy Services

a. Develop after-hour telepharmacy capability adjacent to all emergency rooms.

b. Explore education and service partnerships with the U.H. Hilo Pharmacy School.

c. Eliminate legal and regulatory barriers to telepharmacy services.

Priority 5. Other identified health care services of need:

a. Develop infusion oncology therapy subsidies to support the significant financial risks involved with the provision of infusion therapy.
b. Expand MEO transportation services for dialysis patients.
c. Expand chronic kidney disease education/risk stratification protocols.
d. Develop a Hana hemodialysis unit with appropriate medical emergency support/transport to MMMC.

e. Expand MMMC cardiac care services to include open heart surgery and service provision networking with Lana'i, Moloka'i and the Big Island.

1) Develop outreach education and networking efforts to Maui County and Hawaii County facilities to include transport protocols.

f. Contract Maui specialists, including ophthalmologists, orthopedic surgeons, general surgeons to cover emergency room needs

g. Improve availability of specialists providing emergency room care through reimbursement changes.

B. Infrastructure Needs (listed in order of priority):

Priority 1. Modern Facilities

a. Support development of a critical access hospital in West Maui that includes long term care beds.

b. Increase Maui County long term care bed capacity to cover current and future needs.

c. Increase Maui County acute care bed capacity to cover current and future needs consistent with the Maui Bed Needs Study.

d. Develop regional emergency facilities with helicopter landing pads.

e. Modernize MMMC, utilizing phased reconstruction and/or replacement. Upgrade current and future facilities to improve technology and staffing and to provide culturally-sensitive services.

f. Finance facilities creatively, including public and private financing, joint ventures and public/private partnerships.

g. Study projected bed needs for all islands and develop a comprehensive plan to meet anticipated bed needs.

h. Geographic location and existing and anticipated capacity should be considered in the development of acute care beds in current and new facilities, which may include critical access hospitals, satellite facilities, and/or new hospital. Additionally, discussion of acute care bed needs should take into account appropriate facilities, equipment and staffing so that quality of care is elevated as capacity is increased.

Priority 2. Reimbursement from Medicare, Medicaid and third party insurers

a. Request Congressional leaders to attain improved Medicare designation to enable more appropriate reimbursement for service units.

b. Legislate for improved State funding of Medicaid program.

c. Legislate for deregulation of healthcare premiums by the State Insurance Commissioner along with oversight of allocation of healthcare premium dollars to reimbursements.

d. Reconcile current managed care/health insurance premium rates with (i) current health plan and facility financial losses and infrastructure deficits and (ii) the increasing shortage of health care providers, particularly in the neighbor islands, and develop a premium rate and regulatory

structure that will insure the fiscal health and viability of Hawaii's health care providers and the state's health care system.

Priority 3. Workforce development

a. Improve workforce availability through improved wages supported by reimbursement changes.

b. Expand career track programs in Maui County schools.

c. Expand and fund Maui Community College health career education and training. Build a career pathway continuum at the k-12 level beginning in elementary stage.

d. Expand and fund nursing programs to attract and retain nurses.

e. Develop radiology technologist, dental technician programs at MCC.

f. Coordinate with the pharmacy program at U.H. Hilo.

g. Expand bachelor and graduate level opportunities through U.H. and other academic institutions.

h. Expand and fund internships, mentoring, job shadowing, health academies, etc. to foster increased interest in health careers.

i. Develop a Maui County database of health care workers; map shortages; project future needs; and develop a plan to address present and future needs.

j. Expand the range of existing health care providers to improve access to quality care in under-served parts of Maui County and other neighbor islands through the use of telemedicine.

k. Establish residency programs in Maui County.

Priority 4. Other identified health care infrastructure areas of need: technology (i.e., digital imaging and telemedicine capabilities), creative health care financing (i.e., public/private partnerships), regulatory changes (i.e., CON law) and case management systems

a. Establish digitalization of all diagnostic equipment at all facilities in Maui County to enable sharing of data and more efficient use of limited provider workforce.

b. Establish telemedicine/digital network within Maui County, Hawaii County, and Honolulu County to enable tertiary and subspecialist consultation services.

c. Establish a State of Hawai'i RHIO that is HIPPA compliant and structure to protect patient confidentiality.

d. Establish a pilot Maui county RHIO for the state-wide RHIO that is HIPPA compliant and structured to protect patient confidentiality.

e. Create state tax credits for health care providers, facilities and services related to the provision of health care or the training of health care professionals in Hawai'i to encourage development, maintenance and operation of electronic medical records systems that are interoperable with Hawai'i's RHIO.

Other Recommendations:

- Offer State/County tax credits for all types of needed services.
- Create innovative solutions for making the Hawai`i health care system responsive to community needs by recognizing efficient and inefficient facilities and services and exploring capital partnerships, joint ventures, consolidations, and other financial arrangements.

HOME AND COMMUNITY BASED SERVICES

PRIORITIES, FINDINGS, AND RECOMMENDATIONS

Home and Community Based Care

The Maui Long Term Care Partnership – Aging with Aloha™ has studied the long term care needs and developed and implemented a strategic plan for long term care and support services for Maui Island over the past five years. The knowledge and experience acquired over this period lends an opportunity to the Maui Health Care Initiative Task Force. (Reference **www.mauilongtermcare.org** for more information about the Maui Long Term Care Partnership history, development, goals, and outcomes).

The Partnership's mission is to "*establish and sustain a comprehensive, coordinated home and community based model of services for all that will foster quality of life and death with dignity*". The model includes a continuum of services delivered in homes and alternative residential settings, including

- Nursing facilities
- Adult Residential Care Homes
- Foster Families
- Assisted Living Facilities
- Mental Health: Geri-Psych Unit or group homes
- Mental Health: Homeless Shelters
- Adult Day Care / Day Health
- Hospice
- Affordable Senior Housing

The Partnership developed its strategic plan with the following community values in mind:

Guiding Community Values:

Love, Caring, and Compassion (*Aloha*)
Family and Community (*'Ohana*)
Trust (*Hilina'i*)
Doing what is right (*Pono*)
Unity and Harmony (*Lokahi*)
Responsibility, self-responsibility, integrity, commitment (*Kuleana*)
Team building, working together (*Laulima*)
Responsive leadership (*Alaka'i*)
Relationship (*Pili*)
Freedom (no Hawaiian language translation)
Choice (*Koho'ia*)

Nationally, there is a paradigm shift occurring with regard to how long term care is viewed. Historically our country has spent millions of dollars in a long term care system that has had a bias toward institutional care for frail, vulnerable children and adults. Medicaid is the primary financier of publicly funded long term care services. The national government is recognizing more and more, what the Partnership discovered, that people prefer to stay in their own homes for as long as possible, including receipt of

services in their homes to allow them to remain independent. National policy is changing so that more money is shifted toward "home and community based services" to assist needy individuals to live independently.

In the state of Hawaii, the State Department of Human Services recently let a Request for Proposal (RFP) that will privatize the Medicaid Program for aged, blind, and disabled individuals. Health plans are asked to bid on this program that support the national shift toward provision of home and community based services. Though some institutionally based services will always be needed for certain clients, the emphasis will be to encourage a system that allows people to "age with aloha" in their own homes or alternative residential settings, such as, care homes, assisted living facilities.

In support of this direction, the Home and Community Based Services Committee decided to change its committee title from Long Term Care Services. It is important that our communities begin to support this paradigm shift today. The Committee has met seven times since October 10, 2007 to study and identify the current and future home and community based services for Maui County.

Outlined below is a set of findings, conclusions, and recommended priorities and actions that the Committee submitted to the Maui Health Care Task Force for consideration and adoption.

Infrastructure and Services:

Priority 1. HCBS infrastructure capacity (buildings and facilities): Support development of additional Community Facilities and Senior Housing

Maui County has a current, critical lack of non-acute beds and facilities to provide care for those unable to live independently in the community (source: Maui Bed Needs Study). This includes skilled / non-skilled nursing facilities, assisted living facilities, Alternative Residential Care Homes (ARCHs), Extended Care ARCHs, Adult Foster Family homes, specialty geriatric / chronic psychiatric group homes or facility units. Maui County has the greatest number of non-acute waitlisted patients in Hawai`i. Hawai`i is one of the most under-bedded states for long term care in the nation. Nationally, those over the age of 65 who live in rural areas are more institutionalize than those in urban areas (5% rural; 4%).

The Legislature appropriated $1million in FY 2006 for planning and design of a West Maui long term and medical facility. Governor Lingle released the funds on January 13, 2006 to HHSC. Maui Memorial Medical Center allocated $350,000 for planning and $650,000 for design. They have encumbered the $350,000 and already spent about $285,000. The task force understands that the draft report involves a privately built and operated medical care facility with maybe a few acute and long term care beds. $650,000 in design funds is still unencumbered and available.

Fifty-five (55) people are currently wait listed at Maui Memorial Medical Center Frequently 10 to 15 persons wait listed have low to severe behavioral issues. None of the current nursing facilities on Maui are equipped to manage the severe (i.e. violent /combative/screaming) cases. This would require a trained staff, locked units, specialty medical doctors. Specialty geriatric/psych units are needed so that people can receive medications to assist with stabilizing the patients. There is one board certified geriatric physician exists on the island. Mostly, physicians are not trained in geriatrics, the population is aging rapidly, and physicians are leaving the island. The pay levels for geriatric physicians are low and workload is high, therefore, creating disincentives for persons to enter the field of geriatrics. There is also a shortage of psychiatrists and psychologists on the island.

A Health Dimensions Group Site Selection Report estimates the greatest demand for nursing home beds is first in West Maui and second in South Maui. The study projects: West Maui – 2004 – 86 units; 2009 – 107 units and South Maui – 2005 -78 units, 2009 – 102 units).

Barriers exist in the current building codes throughout the state which prevent elderly from aging in place and having access to certain alternative care settings. Amendments to the building codes would be beneficial to increase access and aging in place in alternative long term care settings. A 50 state comparative study on best practices on building codes was funded by the State Department of Human Services. In the 2007 session the Legislature enacted legislation that mandates all counties to adopt a universal International Building Code. This is an important first step in updating Hawaii's building codes. The counties are implementing the international building code. The next step is to amend the international building codes to include "aging in place" residential building codes language. Personal homes should also be retrofitted to allow for aging in place in one's own home. Currently there is a proposed County of Maui ordinance that promotes universal design.

Business owners who are operating alternative care homes (e.g., RACC, ARCH, and ALF) need to enhance their building features to support/ prepare for "aging in place" as elders age and anticipated care needs increase. Life safety features are needed including wheel chair ramps, sprinklers, hand rails, widened hallways and doors, roll-in showers, shower benches, and other bath modifications. This increases available length of stay in these more affordable facilities, thus increasing bed availability/ infrastructure for the community, preparing / responding to anticipated increased care needs for this rapidly growing population and safe evacuation in case of disaster. A successful model, the Maluhia wait list program, established in 1978, has provided 3% 15 year up to $75,000 homes in order to support ARCHES in expanding and renovating their facilities to accommodate the increasing care needs has been very successful. The program has been used by several care providers to enhance their facilities and support aging in place. This program should be expanded statewide.

The current state system for developing uniform regulations and licensing procedures is fragmented. Currently extended care homes must follow regulations and procedures

under both the State Departments of Human Services and Health. This creates inefficiencies and barriers to meet multiple sets of regulations when the focus should be on providing care.

Planning for maintenance and support of home and community based services facilities is needed. Much of the health care system infrastructure is aging and planning and funding measures should be anticipated and a plan developed to assure maintenance of the essential health care network. While it is generally thought that Hawaii state government has responsibility for provision of health care, the County of Maui has a responsibility to its citizens. Accordingly, the county should define its role in health care planning and integrate in the County Department of Planning's community plan process.

The current State Department of Human Services case management system for assisted living facilities mandates via administrative rule an external nurse case management role. These facilities already have nurses to provide clinical case management as required by State Department of Health regulations to conduct this role. The Department pays $500 per case to the external agency when the assisted living facility could handle the function. In addition to a duplication of a function, the rule serves as a barrier to an industry that could build accessible, affordable assisted living facilities in the State of Hawaii. In Hawaii there is one only Medicaid certified assisted living facility. The remaining nine (9) assisted living facilities accept only private pay. Incentives need to be provided to promote private companies to build assisted living facilities for Medicaid aged, blind and disabled clients in Hawaii. It is recognized by the Task Force that this may be a by product of the Quest Expanded managed care system as insurance companies may be allowed to raise reimbursement rates for such facilities.

Priority 2. HCBS Service Capacity:

"Aging in Place" at home or in home-like settings is a national, consumer driven trend. Alternative care services prolong independence in the community, decrease institutionalization, and lower health care costs. There is unmet need for these services on Maui. Numerous service programs are under funded with long "wait-lists". The Maui Long Term Care Partnership's philosophy of "Aging with Aloha"™ champions quality of life with dignity and choice for Kupuna and persons with disabilities. Rural communities lack affordable kupuna housing, adult day care and respite programs. The elderly want to stay in their own community, but lack the housing and support services they need to remain in that community as they age

Priority 3: Health Care Workforce:

Hawai`i is encumbered with a growing health care workforce shortage. According to the Maui Community College School of Nursing, it is estimated that an additional 7,500 nurses will be needed within the next ten years to replace nurse retirees. Maui's nursing homes and Maui Memorial Hospital have been flying nursing from Oahu and the Mainland to provide care to their patients. The cost for these "fly-ins" is at least one and a half times the current rate of pay for nurses and is not sustainable.

Physicians are retiring or relocating to other states due to the high cost of living, low reimbursement, and escalating malpractice insurance rates. Other ancillary care workers such as certified nursing assistants, personal care attendants, chore / home-makers, adult day care staff, dental assistants, physical/occupational therapists, and laboratory personnel are also in short supply. The health care shortage will continue to grow. Without adequate incentives of affordable housing and a "living wage", Hawai`i will not be able to compete with the rest of the nation for this shrinking workforce. Measures must be taken to address affordable housing and wage increases, commensurate with other states, to recruit and retain healthcare workforce. Aggressive recruitment for training programs with scholarships should be created for Hawai`i to grow its own health care workforce. It will benefit our citizens and strengthen our health care system. It is a wise investment in Hawai`i's health.

Priority 4: Provider Reimbursements

Hawai`i is ranked as one of the most expensive states for long term care. Hawai`i health care providers who provide services to Medicaid recipients do not get reimbursed to cover actual costs. Increased reimbursement for long term care nursing facilities is critical to prevent closures and loss of needed long term care beds. Hawai`i has only one assisted living facility which access Medicaid funding to serve Medicaid funded recipients. Innovative partnerships between health care providers, consumers, the private sector and governmental bodies must be created to solve our current health care crisis.

Priority 5: Prevention Programs

Investment in preventative programs for healthy aging is a priority to increase productivity, limit sky-rocketing health care costs and improve quality of life for rapidly aging baby-boomers. Obesity is cited as a national pandemic. Falls are the number one cause of injury and death in elders. Dental disease is linked to strokes and heart attacks. Influenza and pneumonia often result in increased hospitalizations. Prevention programs for weight control, dental care, vaccinations and fall prevention significantly reduce illnesses and related health care costs. Chronic disease management, such as hypertension, diabetes, and arthritis is needed. These programs empower consumers to take control of their health and their lives, one day at a time.

<u>Priority 1 - Recommended Initiatives</u>: Infrastructure (buildings and facilities)

- Increase the long term care bed supply.

- Increase the alternative long term care bed supply (e.g. *care homes, foster homes, assisted living facilities*), thereby freeing up nursing home beds and expanding home base services, for both private pay and Medicaid and Medicare health care insurees.

- Fund the development of additional Community Facilities and Senior Housing (county, state, federal, private):

  - It is recommended that a 60 bed geriatric/psych unit that has "greenhouse" features. People who have dementia or have behavioral problems facilities that are home like will assist caregivers and care giving staff to manage them in a better way instead of institutional environments.

  - It is recommended that a 60 bed "greenhouse" pilot project be demonstrated in Central Maui to determine the features of an innovative model that promotes "aging with aloha" in a home like environment.

  - It is recommended that the County of Maui centralize its publicly funded information, referral and assistance services which require accessibility for persons with disabilities at Kaunoa Senior Center on a 1 acre site adjacent to the center. The services that could be located at the site include, but are not limited to, Maui County Office on Aging, an Aging and Disability Resource Center, mental health services, public assistance, and protective services. The allocation of Community Development Block Grant (CDBG) planning/ design grants could be a possibility for funding.

  - Sunrise Farm for Persons with Disabilities. The County of Maui provided 12 acres of land in Paia to develop the Sunrise Program for persons with disabilities. The state legislature has planning and design funds to begin work the on Sunrise Farm.

  - Veterans 60 bed skilled care facility, with in-patient psychiatric unit, and assessment services.

  - Adult Day Care Center(s)

  - Future Senior Housing Complexes. Currently Hale Mahaolu, which provides affordable rental housing for low-income seniors and persons with disabilities reports that there are 200 persons on the wait list per site. Hale Mahaolu has thirteen sites, bringing the total wait list to approximately 1500 non-duplicated persons in need. Hale Mahaolu is currently constructing addition elderly housing units in Kihei linked to supportive facilities such as adult day care and a senior center. This project is underway and the first phase has been completed.

Although the funds for the original phases of the project were raised, construction costs have risen as much as 100% over original estimates. Additional state and county funds would be well spent to assure this project is completed.

- Adopt "*Aging in Place*" Building Code revisions for alternative care settings for developer and consumer education on "aging in place" (County solution and state solution).

- Fund Low Interest State Revolving Fund Retrofit Loans for alternative care providers (*RACC, ARCH, ALF) and nursing facility modernization (state solution).

- Adopt Universal Design Building Code Ordinance (county solution).

- Fund Home Modification Counseling: Low interest retrofit loans & grants for aging home owners, i.e., Hana Aging in Place Retrofit Project. (county solution; state solution; federal solution)

- Adopt uniform regulations and licensing procedures for alternative long term care with authority placed under a single state department: Department of Human Services. (state solution)

- Support the direction of the Hawaii Quest-Expanded Access Managed Care for Aged, Blind, & Disabled Program. (state solution)

- Maui County's Community Plans should include strategies for and funding to support modernization or replacement of depreciating infrastructure. (county solution)

- Revise the policy of the Department of Human Services which requires that a separate Nurse Case management organization be contracted to provide oversight to Medicaid residents of assisted living facilities. Re-allocate this revenue back into the Medicaid rate for assisted living facilities since they are already required by the Department of Health to provide oversight for these residents by registered nurses who are either hired or contracted for this purpose.

- Counties need to get involved in changes in zoning (agricultural to quasi-public) land.

- The general and community plans should be amended to recognize the need for home and community based facilities to be co-located in residential areas to provide community care for frail seniors.

- Replicate the Hana Aging in Place Retrofit Project (county solution; state solution; federal solution).

- Support the development of additional Community Facilities and Senior Housing.

- Fund Kupuna housing with adult Day Care and Respite programs and integrate hemodialysis or home dialysis, whichever is feasible for rural communities.

- Maui County's Community Plans should include strategies for and funding to support modernization or replacement of depreciating infrastructure.

Priority 2: Recommended Initiatives – HCBS Service Capacity

Recommendation 1. Increase funding to expand the following highly cost-effective, community care programs in the continuum of home and community based services.

- Dental Services for elderly clients in home and community based facilities are in short supply. The Maui Oral Initiative currently serves this population and other low income residents but the wait list is 3 to 4 months for new patients. This program sees 8 to 12 patients per day depending on complexity. Maui Oral Initiative could expand services for clinical staff. But they need an additional state funding for their efforts.

  The ER at MMMC sees 40 to 50 dental patients a month at an average of $400 each. Two ICU patients who were admitted for dental abscesses cost a total of $254,000 – that could have covered costs of the oral health center for evenings and weekends for a year. A national study showed that pediatric dental care in the ER cost 10 times that of routine dental care.

- Assisted Transportation. MEO – the County of Maui funds social service transportation and the county and the state should continue to fund this vital assisted transportation service. This transportation is a vital link for elders who need to get to day care, day health, doctor appointments etc.

- Nutrition: Home Delivered Meals – Kaunoa Meals on Wheels and Hale Mahaolu's home delivered meals programs all have waiting lists. In order for home delivered meals to expand to Hana a commercial kitchen is needed.

- Personal Care / Chore- Homemaker / Housekeeping- These services which help seniors stay in their homes are in short supply and there are long waiting lists throughout the county.

- Case Management Services**:**

  - Hale Makua has been designated by the Centers for Medicare and Medicaid as one of 14 rural PACE (Program for All-Inclusive Care for the Elderly) demonstration project in the country. This program targets persons who are certified to need a nursing home and are eligible for Medicare and Medicaid. A formal application has been approved by the

Hawaii State Department of Human Services and has been submitted to CMS for review and approval. Additional funds may be needed to renovate the existing day health program to accommodate an increased caseload

- Nursing Home Without Walls, Public Health Nursing & Adult Protective Service Programs lack adequate staff to deal with an increasing caseload.

- Home Health Services:

  - There are no skilled, Medicare certified home health services for residents in Hana, Lana`i and Moloka`i.

- Veteran Services

- Hospice/Palliative Care /Respite

- Senior Companion/Friendly Visiting/Telephone assistance

- Caregiver Support: Alzheimers'

- Elder Abuse Neglect and Prevention

- Legal Aid / Money Management / Retirement Planning

- Independent Living Services
  - Senior Companion / Friendly Visiting / Telephone assistance
  - Caregiver Support: Alzheimers'
  - Elder Abuse Neglect and Prevention
  - Legal Aid / Money Management / Retirement Planning

Recommendation 2: Fund a Telehealth "Pilot" for reimbursable home care services. The Veterans Administration is already applying technology in psychiatric, nutrition, and other areas.

Recommendation 3: Increase funding for the Kupuna Care Program for persons who are not covered by Medicaid.

Recommended Initiatives – Priority #3: Health Care Workforce

- Provide incentives (salary, housing, education scholarships and subsidies, tax breaks for critical workers, and mentorships) to encourage provider attraction and retention. (state and county)

- Provide incentives for special skill sets by providing higher reimbursements on a differential basis (e.g., special needs clients such as severe behavior problems, morbid obesity, advanced wound care).

- Recommend requiring CEU's (Continuing Education Units) for all levels of licensed healthcare workers.

- Establish and fund a Physician Attraction and Retention Taskforce. (state)

- Establish and fund a Medical Residency Program. (state)

- Expand the High School Curriculum to encourage students to learn about and pursue studies and careers in health care, including home and community based care. (state and county)

- Establish and fund a Center of Excellence on Aging for research based solutions to strengthen Maui County's care continuum and proactive aging with aloha™. (state and county)

- Enact legislation for Maui Community Volunteer "CARE CORP" Tax Credit Proposal. (state)

- Fund the Maui Long Term Care Partnership to expand, providing training and technical assistance, and replicate the "CARE CORP" model with training throughout the state. (county and state)

- Expand the Maui Community College Nursing and Dental Programs faculty and classroom expansion. (state and county)

- Enact legislation for a Tax credit for families caring for loved ones at home. (state)

- Enact legislation to fund care giving services (family and volunteers). (state)

- Expand and fund the newly established education and training Home and Community Based Services curriculum at Maui Community College (initiative of the Maui Long Term Care Partnership).

Recommended Initiatives: Priority #4 - Provider Reimbursements

- Increase reimbursement for nursing facilities and home and community based service care providers.

- Support the state's direction to emphasize home and community based services through the Hawaii Quest-Ex Managed Care Program for Aged, Blind, & Disabled. (state/federal) Continue to support the State Department of Human

Services Quest Expanded, "Going Home" and "Going Home – Plus" and "Money Follows the Person" programs that will expand home and community based services throughout the state.

- Conduct a comparative Study on Malpractice and Tort Reform.

- Permit nurse delegation of in nursing facilities as is currently done in home and community care settings.

- Support Congressional "Class Act" Bill for national voluntary long term care insurance. (federal) -- Senators Edward Kennedy (D-MA) and Mike DeWine (R-OH) introduced S. 1951, the *Community Living Assistance Services and Supports Act* (CLASS Act). The CLASS Act would establish a national, voluntary, premium-based long-term care insurance program, filling a major void in our national long term care system and helping relieve pressure on Medicaid as the sole payer of long-term care.

- Raise public awareness about:

    - The lack of adequate reimbursement for facilities and home and community based services due to reduced federal funding and increasing costs of services;

    - Recent federal mandates increase eligibility criteria to qualify for Medicaid (i.e. increase in the "look-back" period from 3 years to 5 and the $750,000 threshold for home equity for single persons wishing to qualify); and

    - The need to fund the Maui Long Term Care Partnership's "*Saving for Aging*" Awareness Campaign. (county, state)

Recommended Initiatives: Priority #5 – Prevention Programs

- Expand and fund oral health consumer education at all ages.

- Expand and fund the Hana Aging in Place Retrofit Project as a falls prevention model across the county (initiative of the Maui Long Term Care Partnership).

- Expand and fund a Department of Health public awareness initiative for prevention services, such as flu shots, pneumonia, falls prevention. (state)

PRIORITIES, FINDINGS AND RECOMMENDATIONS DISASTER PREPAREDNESS

Disaster Preparedness

Disasters (serious disruptions of the functioning of a community or a society causing widespread human, material, economic or environmental losses which exceed the ability of the affected community or society to cope using its own resources**)** are of various types and magnitudes, each calling for differing responses.

Disasters are separated into three general categories: Natural, Technological, and Terroristic.

Types of **Natural Disasters** include but are not limited to:

- Earthquakes
- Floods
- Hurricanes
- Landslides
- Pandemics
- Plagues
- Tsunamis
- Volcanic eruptions
- Wildfires

Technological Disasters include:

- nuclear power plant explosions
- land, air and sea vehicle crashes; and
- cyberspace disruption.

Terrorist disasters include:

- chemical
- biological; and
- nuclear bomb attacks.

Maui County's vulnerability unfortunately is associated with most of the above mentioned entities.

There are four major components in the general planning for all types of disasters. These are:

1) Mitigation (processes that act in such a way as to cause an offense to seem less serious). An example would be isolation as a way to limit the effects of a plague.

2) Preparation (activities and measures taken in advance to ensure effective response to the impact of disasters, including issuance of timely and effective early warnings and the temporary evacuation of people and property from threatened locations). Amassing food and water supplies or giving tsunami warnings are examples of preparing.

3) Response (the provision of assistance or intervention during or immediately after a disaster to meet the life preservation and basic subsistence needs of those people affected, and can be of an immediate, short-term, or protracted duration) A Fire department arrival at a plane crash is an example of response.

4) Recovery (decisions and actions taken after a disaster with a view to restoring or improving the pre-disaster living conditions of the stricken community, while encouraging and facilitating necessary adjustments to reduce disaster risk). Low cost loans and financial assistance for rebuilding infrastructure is the most common and reasonable type of recovery relief.

A specific challenge in ascertaining and evaluating disaster protocols encountered is the fact that not only do disasters come in many categories but also are of varying degrees of impact and magnitude. For example, tsunamis might be small or disastrous, earthquakes that cause little or catastrophic damage, pandemics being localized or widespread. Due to the endless continuum of possibilities, the committee chose to allow these responders to address their specific plans, aims, goals, and concerns, recognizing that no entity could possibly address ALL disasters and variations thereof.

Priorities

- Services
    1. Planning and Preparedness
    2. Communications Systems

- Infrastructure
    1. Shelters
    2. Disaster Medical Assistance Teams
    3. Security
    4. Transportation

Findings

Planning and Preparedness. It is apparent that mitigation and preparation for a disaster of the magnitude of a Katrina hurricane or the Indonesian tsunami is unlikely. In general, the County is reasonably prepared for small-scale incidents. Plans are drawn up and drills undertaken to establish readiness. Most disaster response agencies have studied consequences and considerations and prepared for their role and participation in these events.

Almost all agencies are under-funded, under-staffed, and poorly coordinated in a global sense, with those entities of major importance, such as Civil Defense Agency and State Department of Health, having the least personnel and budgeting, at a time when public education and awareness is the most critical. Outlying parts of the county, such as Lana`i and Moloka`i, have little to no recourse but to survive major events on their own, until help can be sent at a later date. Plans for the immediate transport of additional fire

and police personnel to Moloka`i and Lana`i during times of major disasters should already be in place. Shelters and centers for food and medicine distribution are planned on paper, but are yet to be tested in a real crisis, and also are un-stocked with those provisions.

Maui County consists of four islands (Maui, Lana`i, Moloka`i [including Kalawao County and Kaho`olawe), with Lana`i and Moloka`i of importance second to no other island in this system, in spite of the fact that these two islands are often left out of discussions when the main emphasis concerns Maui Island. It should be noted that a disaster of significant magnitude will affect Lana`i and Moloka`i no less than any other island in the state, and the impact could conceivably be much worse due to the isolation and lack of accessibility in times of crisis. In the search for information helpful to this committee, it was found that the islands of Lana`i and Moloka`i were frequently ignored and essentially left on their own, in terms of survivability, during a disaster. For instance, Lana'i has the benefit of three (3) FEMA Disaster Response trailers for use during a disaster crisis. Only the local Maui Policy Department police have access to the content of these trailers. In addition, Lana`i has four disaster shelters; unfortunately, the general public has not been advised which shelter is immediately available to them.

Planning/Roles of Responders. Each of the agencies[2] involved with disaster planning and preparedness has actively pursued planning for "disaster" events with emphasis on their individual specialty. Each has developed processes for identifying and classifying disasters, including probability of occurrence versus impact on the county, creating a specific "risk". Risk, in this setting, is the probability of harmful consequences or expected losses from deaths, injuries, property damage, loss of livelihood, and disruption of economic and environmental activity resulting from interactions between natural or human induced hazards and vulnerable conditions. By inspection of documents and facilities, each agency appears to have considered the risk assessment/analysis, and determined the nature and extent of that risk. Through the use of analysis, potential hazards and existing conditions of vulnerability that could pose a potential threat or harm to people, property, livelihood, and the environments on which they depend, were evaluated. These plans are well developed and have been discussed within the departments and agencies that they must coordinate with in time of disaster and have been implemented.

The County Civil Defense Agency and the State Department of Health plans are quite extensive and all encompassing. The Civil Defense Agency focuses mainly on the physical/non biological related disasters. The Agency mans and manages a large communications center in the basement of the county building, incorporating such resources as the Red Cross, airport, utility companies, etc.,

The State Department of Health is concerned specifically with public health issues.

[2] Civil Defense, State Department of Health, Fire Departments, Maui Police Department, Maui Memorial Medical Center, Pacific Disaster Center, American Red Cross, etc.

The Fire Department has roles in both physical and biological disasters, and has formulated strategic plans regarding training, preparation, and responses, at the same time providing first responders and fire suppression in multiple types of disasters.

The Maui Police Department (MPD) shares the responsibility of public safety and protection as well as MPD coordinates communications among key responders in a disaster situation. MPD has secured funds through Homeland Security to appropriate a central Command, Coordination, and Communication vehicle, capable of monitoring and communicating with multiple sources, including the hospital and ambulance response teams.

In times of major emergency or disaster all agencies are gathered together under the direction of the Director of Civil Defense who operates under and with the authority of the Mayor of the County of Maui. The State Department of Health office coordinates the needs of the various entities, and communicates these needs to the state for increases in manpower or supplies when needed, and to organize the response to public health disasters, such as pandemic avian flu.

Maui Memorial Medical Center's main goal is to be able to accommodate the influx of multiple injuries/illnesses resulting from a disaster, and meet the needs of health care under these circumstances by recalling personnel, organizing triage and treatment, and providing for hospitalization or surgery as required.

The Pacific Disaster Center (PDC) is a major federally funded enterprise that exists to provide quick access to relevant and critical information useful in planning and responding to emergencies and disasters. This information ranges from population density data to tsunami strengths. The PCD is willing and able to provide and share information with any agency in need of data helpful to their cause. It appears that the PDC, as a resource, is underutilized by the agencies not familiar with the Center's capabilities in times of disasters. The PDC staffs some thirty scientists, engineers, and software specialists are possess extensive knowledge in their fields of expertise, and are able to provide the information needed to mitigate, plan for, and respond to a variety of catastrophes. It should be noted that the PDC provides information support and consultation to agencies responsible for planning and responding to major emergencies and disasters upon request.

American Red Cross is a humanitarian institution that has provided service to the national and international countries for over 125 years. Services provided include: armed forces emergency services, biomedical services, community services, domestic disaster services, health and safety services, and international development and disaster services. All American Red Cross disaster assistance is free, made possible by voluntary donations of time and money from the American people. There is an American Red Cross – Maui County Hawaii State Chapter in which other agencies collaborate with in times of disaster.

Education – The responders are concerned about the lack of knowledge and complacency regarding disaster preparedness. The lay population is largely ignorant and uninformed of key information, preparations, and action to take in the event of major disaster or emergency. Even though agencies are producing educational material, the public is not motivated to **individually** prepare for potential disasters. The majority of the populace is unaware of the considerations regarding major disasters, from pandemic flu to tsunami, in that the local, state and federal relief agencies ***all recommend*** personal and/or family disaster kits for use during times of disaster crisis. .

Communications. Every entity noted that a specific lack of or nonintegrated communication system was a continual problem and major priority for resolution. The Department of Homeland Defense has provided funding for certain commodities, such as the communication command vehicle and satellite phones. However, there are far too few satellite phones for full coverage of this county, and there is no coordinated communication system involving ALL parties in Maui County. Notable is the recent installation and use of tsunami sirens, located throughout the county; unfortunately, there are estimates that up to thirty (30) percent are dysfunctional or not operable. Specifically, in case of electrical failure, such as that due to electromagnetic pulse or earthquake shutdown, there is ***no*** combined or coordinated backup system for communications of potential threats to the populace, including the loss of radio stations in a blackout. In rural areas, the lack of electricity could jeopardize responses, and has not been addressed by any agency. It was shown after the October 19th earthquake that the cellular system became immediately jammed, and telephones dependent upon AC electricity failed as well, leaving the county literally and figuratively in the dark regarding what was happening and/or what expectations were regarding restoration of power or probability of post earthquake tsunami. Ham radio systems are present in Maui County and could be used as a secondary means of communication. However, these units are limited by lack of mobility, requirements of electrical power or at least independent generator power, as well as lack of integration with the other systems as noted above.

Infrastructure:

Shelters/Facilities. Lana`i has four shelters; however, the general population is unaware which shelter serves whom. Lana`i has the benefit of three (3) FEMA Disaster Response trailers for use during a disaster crisis. The local MPD police have access to the content of these trailers. In addition, Lana`i has four disaster shelters; however, the the general population is not aware which shelters are available to them. In terms of the findings of the task force, all apply equally to the islands of Maui County.

Facilities are limited to the opening of schools as points of distribution (PODs) for use by the State Department of Health in times of pandemic disasters. Maui Memorial Medical Center lacks bed space, has no helipad, and is in the process of renovating its Emergency Department. There are multiple police and fire stations/substations, but none are adequately stocked with provisions for long term needs, such as petrol for generators or foodstuffs. The hospitals within the county have '*roof over your head'*

tents to provide some semblance of shelter, but there is a critical shortage of shelter beds or hardened facilities able to accept large numbers of casualties or displaced persons. In times of pandemic disasters, the need for isolation and probability of closure of schools, churches, malls, supermarkets, and any large meeting places will create a critical shortage of shelters, food supplies, petrol, banking, and public services; survival will depend upon prearranged personal and family supplies able to outlast the illness. Fortunately, the state is in an area of reasonable winter and summer climate which will serve to mitigate morbidity due to extreme climate.

Transportation/Accessibility. Accessibility, especially to areas like Hana, Kula, Lahaina, Lana`i City, and Kaunakakai, has historically been limited to air and sea, translating into illness and injury transit times becoming critically lengthy. Response to and from Lana`i and Moloka`i specifically are limited to air and boat, and inclement weather can limit or hinder evacuation of disaster victims. There are helicopter services, limited in number or availability to all islands and stationed locally on Maui, but these are daylight and weather limited as well. The scope of hospital and critical emergency services available in outlying areas is narrow and restricted. Local initial triage, assessment, and subsequently expedient patient transport by one or the other above entities to tertiary centers on neighboring islands is needed. Specifically, for the islands of Lana`i and Moloka`i, an airplane/jet crash at an airport or explosion in a cargo vessel blocking a harbor would render that area helpless to either receive assistance from or the transfer of critically ill and injured to other islands.

Manpower - A universal concern of responders is understaffing. Of note, the Civil Defense Agency and the State Department of Health are each staffed with only two employees; the MPD is almost 60 officers short at present, with the Fire Department in similar stress. The hospital system is woefully and chronically understaffed. Volunteer support in times of crisis is exceptional in this ocean-locked island chain, not only as a result of native inhabitation but also due to long term isolation from other means of outside or mainland assistance. However, if a significant percentage of the local population is affected by disaster, the ability to respond for assistance may be limited by locale, illness, or injury, increasing the understaffing in those areas of need.

Staffing shortages have been and continue to be critical issues regarding capability and strength of response in local disasters. Depending on the magnitude and scope of a disaster, availability of personnel could be impacted directly, such as illness during a pandemic, or injury due to explosions or earthquakes. Likewise, physical barriers such as highway, airport, or waterway destruction would limit the ability of personnel to respond at all. All groups empowered with the care, safety, security, and health of the local populace are markedly to critically undermanned. There are insufficient military personnel presently stationed/based in Maui County able to provide any significant relief to the services already thinly stretched, and in regard to Lana`i and Moloka`i, do not exist at all. The Maui (Island) Police and Fire departments send personnel to Lana`i and Moloka`i to staff their respective positions on those islands, but are required to fly or ferry them from Maui island, and in times of crisis personnel may be unable to reach these locales. In the event of a disaster, neither Moloka`i nor Lana`i have State/County

Liaison coordinators capable of guiding and commanding local response and overseeing the actions of all participating agencies. There is no possibility of quick deployment of personnel or services from the mainland, and on the smaller islands, there may be no relief at all. With the ever-present threat of pandemic illness looming in the near future, these manpower shortages conceivably could be increased by another one-third to one-half, leaving many areas with little or no fire or police protection. The State Department of Health is responsible for contacting the Governor's office to request additional staffing, supplies, or services, bearing in mind that those services may not be available statewide. If the disaster overwhelms the ability of state responses, the Governor would then be required to contact the federal government through FEMA.

Role of facilities within the statewide system of emergency and trauma care.

Act 219 requires the Maui Health Care Initiative Task Force to develop a comprehensive strategic health plan for the county of Maui that will, in part, determine an appropriate role for Maui county health care facilities within the statewide system of emergency and trauma care.

The lack of a Trauma Center as the most serious problem that remains and affects the entire state was noted by a testifier at an October 23, 2007 task force meeting. Hawaii lacks a Level I Trauma Center; especially for a state that exists in the middle of the ocean. The counties provide Level II or III care. According to the Queen's Medical Center website, the Center serves as the main Trauma Center in the Pacific Basin. ("Trauma" is defined as a life-threatening injury or shock.) Queen's is also the only Level II Trauma Center in Hawai`i approved by The American College of Surgeons. The Center's website continues to state: "Even though the Queen's Trauma Center is the busiest in the State, it maintains a policy of not turning away any trauma victims, regardless of their ability to pay or type of insurance plan. Queen's provides comprehensive emergency, major trauma and medical services 24-hours a day, seven days a week. More patients come to Queen's than any other hospital in Hawai`i for treatment of trauma".

Conclusions/Considerations

In terms of a localized, low impact, low magnitude disaster, most agencies in Maui County are essentially prepared, trained, equipped, and will be able to respond in an appropriate manner. However, an increase in any one of the critical parameters of a disaster will strain that ability to the point of inadequacy. Increases in terms of magnitude, scale, scope, or geographic area will quickly outstrip county recourses and services, creating a scenario of chaos and calamity. For a pandemic of the Avian Flu variety and consideration of a sixty (60) percent lethality, first line responders such as paramedics, nurses, physicians, clinics and hospitals will bear the brunt of initial lethality and death, complicating the assessment and treatment of an ill populace and removing health care workers from their duties in patient care. If a Category 5 hurricane similar to Katrina strikes the state, no measure of preparedness will suffice, and anarchy will soon

follow, as evidenced by the events in Louisiana and the Gulf Coast. An earthquake of 8.0 magnitude, or a Big Island landslide-created tsunami similar to the 2005 event in Indonesia will cause massive loss of life and destruction, with only limited response ability and maximum of disruption of daily function.

In the planning and preparation stage, the necessity for consideration of the multi-factorial nature of disasters becomes evident due to the markedly variable nature of such events. The response for a category 1 hurricane will be dramatically different than that towards a category 5 hurricane. There is also 'acceptable risk', a term referring to the level of loss a society or community considers acceptable given existing social, economic, political, cultural, technical, and environmental conditions. Therefore, efforts to mitigate the losses due to a given disaster will be focused in saving that property or those patients deemed most salvageable. In terms of catastrophic damage or lethality, no mitigation, planning, preparation, or response could possibly be effective in dramatically changing the course of events.

Obviously, timely and effective information that would allow individuals exposed to potential disasters to take action to avoid or reduce risk, or 'early warning', is an integral part of preparing for a potential disaster, and effective and functional tsunami sirens are a reasonable means of reaching the most listeners if the devices can be made universally functional. A secondary energy source, such as solar or wind powered electrical systems, could provide a moderate and low-cost energy supplement when other electrical sources are unavailable as in a blackout. Cooperation of all agencies through a central command with universal and unfailing communication systems, such as satellite phones or 800 megaHertz frequencies, with a single director coordinator, will decrease needless repetition and or duplication of services or responses.

Establishment of designated shelters stocked with essential and basic food and water needs of a geographic population should begin with designations of those facilities deemed to be survivable as Points of Distribution (PODs) during pandemic disasters or physical destruction by earthquakes or tsunamis. Upgrading highway, ferry, and flight accessibility of isolated areas such as Hana, Lahaina, Moloka'i, and Lana'i, would alleviate fears of complete isolation in times of crisis.

Providing care, assistance, and housing for the immediate family members of the MPD and the MFD at local fire and police stations by stockpiling of food and goods for a long term stay will ease fears of public servants for their families by housing officers with their families. Immediate quarantine and protection of vital supplies, such as food and petroleum, using armed guards if necessary, will provide for safety of businesses such as Costco, Foodland, Walmart, and Home Depot. Protection from looting and maintenance of high profile security for the population will guard against anarchy; however, manpower shortages need to be addressed immediately.

Funding needs for each agency responsible for participation during disasters should be identified, assessed, and re-appropriated so as to allow hiring of necessary personnel and providing of necessary services without delay. A listing of the various agencies,

their specific roles and duties, and a formal chain of command with a single director should be instituted for direction and authority during times of crisis.

Recommendations

Services:

1. Planning and Preparedness

- There is a critical, utmost need for an overall disaster coordinator trained and knowledgeable in the major aspects of the administration, management, health care, environmental and epidemiological concerns of different catastrophes, under the guidance of the Mayor's office, to oversee procurement of funding, stock points-of-distribution, and to be involved with coordination with Fire, Police, Civic Defense, and Health department agency responses. Similar positions on Moloka'i and Lana'i would serve to integrate those islands into an overall county preparedness plan. The Disaster Coordinator for Maui County would be located on Maui Island and would prepare for, mitigate, orchestrate, organize, administer to, and/or procure information for all disaster response agencies during those crises, reporting solely to the Mayor, and becoming a liaison between County, State, and Federal relief agencies.

- Immediately increase funding and staffing for agencies such as the Office of Civil Defense and the State Department of Health, to cope with disaster preparedness and education of the public.

- Allow those agencies, such as Fire and Police, to adequately staff their departments, train personnel in disaster responses, and begin to stockpile provisions so as to allow their civil service personnel and immediate families shelter and sustenance in times of crisis to alleviate the need to require those personnel to leave their homes and families in order to secure the safety of the public at large.

- Continued collaboration among all of the involved entities is essential.

- Promote Maui County as inclusive of multiple island communities that work together toward a Maui Nui vision.

- Most importantly, extensive education of the populace on all islands in Maui County is critical to prepare, plan, and respond to many kinds of disasters or emergencies. These may include, but are not limited to, personal and/or family disaster kits (information easily found in local phone directories), being aware of tsunami evacuation instructions (also found in the telephone directory).

- Increase funding for public education and disaster awareness through TV, radio and newspaper, and begin immediately a program of informative public meeings, from grade school to churches, to give the public a better understanding of their roles in

disaster planning and preparedness. Increasing information and public service announcements would assist public preparation and improve the public's response to disasters. (See attached article that appeared in The Maui News on Saturday, December 8, 2007, in which Maui County's Civil Defense administrator called the storm a "great wake up call" for residents to always be prepared).

2. Communications Systems

- Communication systems throughout the county need immediate upgrading to a single shared frequency, probably in the 800-900 megahertz frequencies, that would be common between each and every agency involved with emergencies and disasters on each island. In addition, the procurement, testing, distribution and testing of satellite phones throughout the county is needed.

- Establish global County communication on a single frequency, procure additional satellite phones, and activate a command center in a disaster or emergency, as appropriate, to establish a satellite or remote command post to coordinate public safety.

- Installing secured solar-operated phones for use in communications in rural areas would be of benefit in times of crisis.

Infrastructure:

1. Shelters/Facilities

- The hospital systems in the County should be allowed to begin stockpiling of medications and supplies designed for infectious isolation, identifying which personnel could be instantly available for patient care, and establishing new security and arrival routes for those patients in times of pandemics or catastrophic injury.

2. Disaster Medical Assistance Teams

- Establish, fund, supply, and enable local island Disaster Medical Assistance Teams able to quickly form and report to the scene of a disaster on each island.

3. Security

The securing and safeguarding of foodstuffs and goods at major food and grocery stores, as well as building supplies and building/disaster equipment require coordination of public agencies and entities as well as private concerns, to prevent widespread looting, violence, chaos, and compromise of the needs to the public at-large during a disaster.

4. Transportation

- Secondary ports would guard, in times of crisis, against being unable to offload supplies at the only ports available on the islands of Maui, Lana'i, and Moloka'i - in Kahului, Kaumalapau, or Kaunakakai. Expanding airport services at West Maui airport and improving motor vehicle access to Lahaina, Hana, and Kula, would alleviate the concern of forced isolation.

- Improve access to Maui County by creating secondary ocean ports of entry on all islands, improving and expanding the road and highway systems to outlying areas allowing for increased ingress/egress in affected areas, and enlarging the present capabilities and infrastructure at each island's airports throughout the county.

- Preparing helicopter services for immediate use of their services during disasters would ease mobilization concerns, and establishing Disaster Medical Response Teams on each island to allow for expedient triage of injuries. If a partnership existed between Maui and Hawai'i counties, there could be consolidation of equipment and services.

- Begin the stockpiling of goods, medicine, and foodstuffs at interval locations throughout the County in consideration of a protracted or catastrophic local disaster/pandemic.

- Immediately repair all dysfunctional or inoperable tsunami sirens in Maui county, preferably, the State of Hawai`i.

Role of Maui County facilities within the statewide system of emergency and trauma care

- State of Hawai'i re-examine the levels and study the appropriate trauma levels. Maui County should look at re-examining its trauma level and apply to become the appropriate trauma level.

- Maui County needs to tie in with a Level 1 trauma center in Hawai'i and create lines of communication with other centers on the west coast of the mainland so that there is collaboration in events of significant disaster in the middle of the Pacific.

- Establish and fund Maui County as a Level 3 trauma center. This will require 24/7 coverage for a neurosurgeon and orthopedic surgeon.

Storm serves notice to all: Be prepared for emergencies
By MELISSA TANJI, Staff Writer
The Maui News, Saturday, December 8, 2007

WAILUKU – Maui County's Civil Defense administrator called this week's Kona storm "a great wake-up call" for residents to always be prepared.

Gen Iinuma said residents should always be ready with batteries, nonperishable food, water and other emergency supplies that would be needed when power and water outages occur – as they have in several regions of Maui this week.

Most of Kihei and Kula were without power for two days, with isolated pockets on Maui still without power for a third day Friday.

Iinuma said people should expect to be self-reliant until utility companies can restore services and government agencies can assist them.

"It may take some time for us to get to you," he said.

That is the case in upper Kula, Ulupalakua and the Haleakala summit, where electrical lines were downed after 12 utility poles were knocked over by the Kona winds on Wednesday, with the obstacles for Maui Electric crews compounded by the muddy conditions as well as downed trees and debris.

Iinuma said there was time to prepare for the storm as there was several days' notice. In the storm's aftermath, Iinuma is encouraging Maui County residents to asses their emergency plans. That would include:

- Restocking or putting together a stock of emergency supplies, including food, water, a medical kit and flashlights with batteries.

- Creating an emergency evacuation plan, in which all members of a family know where they will meet.

- Developing a plan with neighbors on what to do during an emergency; such as sharing generators.

- Checking the structure of their homes to see what it can and cannot withstand during a storm.

When residents need to evacuate, they should plan to bring their own supplies to a shelter that may not be able to provide all the needed materials immediately. In addition to food and water, people will need personal supplies and bedding.

In the aftermath of the Kona storm, Iinuma cautioned that households that had power out for several days should especially be aware the food in their refrigerators may have spoiled.

Despite the damage to homes in Kihei and Kula, the downed power poles and the broken water systems, Iinuma said the storm is not the worst possible natural disaster for Maui County. It is not equivalent to the threat of a hurricane, he said. But it can help to make people aware of the need to prepare for natural disasters that can strike at anytime, Iinuma said.

Information on storm readiness can be found on two Web sites:

- American Red Cross – www.redcross.org.

- Maui County Civil Defense – www.co.maui.hi.us/departments/CivilDefense/.

- Melissa Tanji can be reached at **mtanji@mauinews.com**.

PRIORITIES, FINDINGS AND RECOMMENDATIONS REMOTE RURAL AREAS: HANA, LANA'I, MOLOKA'I

Remote Rural Areas: Hana, Lana'i, Moloka'i

Task force members had limited time to complete a review, discussion, and analysis of remote rural health systems. These systems include the Hana community on the Island of Maui and the islands of Lana'i and Moloka'i. The task force heard limited testimony from representatives in remote communities about the rural health care systems, but did not get the opportunity to visit the three areas to learn first hand about unique issues.

The task force believes that that there are special needs in the remote rural areas of Hana, Lana'i and Moloka'i. To address the underserved populations needs in these areas innovative solutions are essential.

The table below provides a snapshot about the health disparities occurring in the Hawaiian and Filipino cultures compared to all other races.

	Rate Per 100,000 Resident Population b/		
	By Ethnicity of Decedent		
Underlying Cause of Death a/	Hawaiian c/	Filipino c/	All Races d/
Total Deaths	857.9	801.4	598.5
Malignant Neoplasms	219.3	145.1	146.5
Diabetes Mellitus	22.6	21.3	14.6
Diseases of the Heart	241.8	257.4	147.4
Cerebrovascular Disease	57.1	84.4	43.5
Other Circulatory Diseases (Includes Hypertension and Atherosclerosis)	14.1	27.4	14.4
Chronic Lower Respiratory Diseases	30.9	24.9	18.7
Nephritis, Nephrotic Syndrome and Nephrosis	18.5	14.4	10.1

a/ Causes of death were coded according to the International Classification of Diseases, Version 10.

b/ Rates were age-adjusted, based on the 2000 U.S. standard population.

c/ Rates were calculated using Hawaii Health Survey 2005 population estimates.

d/ Rates were calculated using postcensal population estimates from U.S. Census Bureau under a collaborative agreement with NCHS:

National Center for Health Statistics. Estimates of the July 1, 2000-July 1, 2005, United States resident population from the Vintage 2005 postcensal series by year, county, age, sex, race, and

Hispanic origin, prepared under a collaborative arrangement with the U.S. Census Bureau. Available

on the Internet from: http://www.cdc.gov/nchs/about/major/dvs/popbridge/popbridge.htm.

Source: Caryn Tottori and the Office of Health Status Monitoring (OHSM)

Task force member, Emmett Aluli, M.D., reviewed issues that the task force committees identified with stakeholders in Hana, Lana'i and Moloka'i. Dr. Aluli requested that the task force members consider a "placeholder" in the report for the remote rural area health care issues as more work will be needed in the future. The task force members

agreed. Some preliminary findings (see matrix on page 42) and recommendations (see below and matrix on page 42) are presented in the report.

Hana, Moloka`i and Lana`i:

1. Recommend community facilitated, or mediated, focus groups for the development of "*area health systems*" for planning for present and future:
    a) Acute, primary, and emergency needs and access issues;
    b) Home and community based services programs; and
    c) Disaster preparedness community input and education
2. Strongly support the County emergency helicopter transport services to Maui Memorial Medical Center / Queens Medical Center.
3. Funding of TelePharmacy systems for residents to have pharmaceutical services.
4. Support "Home and Community Based Services" studies and individual initiative to plan, develop, and fund a comprehensive elderly care program.

Hana:

1. Sponsor and fund a collaborative hemodialysis center in Hana.
2. Support Hana Community Health Center (Federally Qualified Health Center - FQHC) State legislative requests for subsidy and capital improvement projects, focused primarily on improved and expanded emergency care capabilities.

Stakeholders Providing Input To Date:
- Department of Health
  Public Health Nurses
- Hana Community Association
- Hui No Ke Ola Pono (the Maui Native Hawaiian Health Care System)
- Hana Communiity Health Center FQHC
- Hui Laulima
- Liberty Dialysis

Lana`i:

1. Support Lana'i Community Critical Access Hospital (CAH) State legislative request for funding for upgrading Emergency Room (ER) services.

Stakeholders Providing Input to Date:
- Lana'i Community Hospital CAH
- Department of Health
  Public Health Nurses
- Straub Hospital and Clinic
- Na Pu`uwai / Ke Ola Hou o Lana`i (the Moloka`i/Lana`i Native Hawaiian Health Care System)
- Liberty Dialysis
- Lanai Communiity Health Center FQHC

Moloka`i:

1. Support a Licensed Practical Nurse (LPN) degree curriculum at Moloka`i's Maui Community College, in collaboration with Moloka`i General Hospital.
2. Support local substance abuse initiatives and programs as the priority behavioral health need.
3. Support State legislative requests for subsidy funding for Moloka`i General Hospital 24/7/365 emergency care operations.
4. Support Moloka`I General Telehealth partnerships; a proven technology and consulting for medical speciality / sub-speciality consultations, including:
   - Fetal Ultrasound and Radiology/CT consultation and reporting
   - Gestational Diabetes and Genetic Counseling
   - Behavioral / Mental Health
   - Special Needs Children
   - Endocrinology – diabetes
   - Dermatology*
   - Oncology / Cancer Patient Navigation
   - Hospice / Palliative Care
   - Chronic Disease Weight Management
   - Continuing Medical and Nursing Education
   - Retinal Imaging
   - Elderly care at their homes

Stakeholders Providing Input to Date:

- Moloka`i Family Health Center
- Moloka`i General Hospital CAH
- Department of Health
  Public Health Nurses
  Adult Mental Health Division*
  Child and Adolescent Health Division*
- Moloka`i Health Foundation
- Queens Medical Center
- Na Pu`uwai, Inc
- Liberty Dialysis
- Ohana Health Center
- Hale Ho`okupa`a*
- Hale Pomaikai*
- Ka Hua Ola Hou*
- Molokai Community Health Center FQHC

Alternative Health and Complementary Medicine:

1. Emphasis on native Hawaiian traditional healing practices – integrating in medical institutions
2. Cultural competency training

Native Hawaiian Health:

Support those organizations whose mission is to improve upon the health and wellness of native Hawaiians and their communities:

- the Native Hawaiian Health Care Systems (Papa Ola Lokahi)
- Hui No Ke Ola Pono (Maui)
- Na Pu`uwai (Moloka`i / Lana`i)
- Moloka`i General Hospital / Queens Medical Center including
    1. care development and coordination of culturally appropriate chronic disease management service;
    2. research, education and prevention / screening and programs;
    3. support Federal and State funding requests.

Filipino and other health disparity groups, including the uninsured and underinsured

OTHER RECOMMENDATIONS

Other Recommendations

Other recommendations that emerged from the Maui Health Initiative Task Force committees and which were adopted by the task force are summarized below.

Tax Credits for Needed Services. Offer State/County tax credits for all types of needed services.

Innovative Solutions. Create innovative solutions for making the Hawaii health care system responsive to community needs by recognizing efficient and inefficient facilities and services and exploring capital partnerships, joint ventures, consolidations, and other financial arrangements.

Modification to the Certificate of Need law. There is a need to streamline the Hawaii certificate of need process and delegate decision making to communities at the regional/county level. This approach is consistent with the legislative decision made to create regional boards as part of the Hawai`i Health System Corporation. The Maui County community desires to keep decision making at the local level regarding its community health care needs. Enact legislation to require regionalized certificate of need decision making by the subarea councils to meet the unique health care needs and wishes of county citizens. The Maui County community desires to keep its core values of engagement and empowerment of local people and recommends the decision-making to Regional Councils, currently referred to as Sub-Area Councils.

Modification to the Hawaii Health Performance Plan. Add terms and definitions in the Glossary of Terms section of the plan to reflect home and community based services/long term care services and related matters. A recommended set of terms and definitions is included in the Appendix.

PROPOSED LEGISLATION

Proposed Legislation

The Maui Health Initiative Task Force recommends the following legislation to policymakers for consideration and action in the 2008 state legislative and county planning and budgeting sessions.

A. Health care Insurance Premium Regulation – Sound public policy and legislation is necessary to address the discrepancy in the cost of living and the cost of health care in the State of Hawai`i. The State Insurance Commissioner's Office should not cap health care insurance premiums. Health care insurance companies should be responsible to determine health care insurance premium levels necessary to allow for reimbursements to providers, facilities, and services related to healthcare adequate to afford sustainable access to the people of Hawai`i. As a deregulation of healthcare premiums would likely impact businesses, the uninsured population, and State sponsored health insurance programs, the Legislature should reexamine law requiring businesses to bear the cost of health care insurance premiums of its employers and State sponsored health insurance programs covering the population unable to afford health insurance coverage.

B. Health Care State Taxation - Sound public policy and legislation is necessary to address threatened access to and sustainability of the health care infrastructure (facilities and services) and workforce in the State of Hawai`i through tax credits and tax relief.

C. Tort Reform - Sound public policy and legislation is necessary to address the high cost of medical malpractice premiums and the impact that it has on the ability to attract and retain healthcare workforce and facilities by supporting tort reform. Supporting tort reform in the area of medical malpractice litigation includes, without limitation, caps on non-economic damages and legislation to protect efforts by hospitals, doctors, and other experts, and to improve quality by encouraging reporting of needed information about medical errors and collaborative use of the data.

D. Fluoridation of Maui County Public Water Supplies- Sound public policy and county law is necessary to address, dental health disparities by fluoridation of all Maui County public water supplies, where practicable, in accordance with the Center for Disease Control, American Dental Association**,** and American Academy of Pediatrics guidelines.

E. Electronic Medical Records - Sound public policy and legislation is necessary that addresses the development of a platform for improving the delivery and quality of healthcare as well as developing a foundation for sustainable healthcare access in Maui County and the State of Hawai`i through an interoperable health information exchange in the State of Hawai`i. Such legislation should provide for:

1) the establishment and funding of a State of Hawai`i Regional Health Information Organization (RHIO) which must be Health Insurance Portability and Accountability Act

(HIPAA) compliant and structured to protect patient confidentiality through patient defined rules;

2) the establishment and funding of a Maui County RHIO pilot project for a larger State of Hawai`i RHIO; and

3) the granting of State Tax Credits for health care providers, facilities, and services related to provision of health care or the training of health care professionals. Such credits would be equivalent to the cost of implementation and maintenance of electronic medical record systems which are interoperable with a State of Hawaii RHIO.

F. Home and Community Based Services – Sound public policy and county, state, and federal laws and regulatory changes are needed to address infrastructure (facilities and services) and workforce shortage. A shift is needed to encourage more home and community based services versus institutional services, which is the desire of older persons and persons with disabilities. Proposed changes include:

State Government: (legislative)

- Increase the long term care facility based bed supply.
- Increase *the* alternative long term care bed supply *(e.g. care homes, foster homes, assisted living)*, thereby, freeing up nursing home beds. Enact legislation that provides additional tax credit incentives and funding for the private sector to obtain land to build alternative long term care beds to include Medicaid health care insurees.
- Fund additional community facilities and residential options:
  - Sunrise Program for persons with disabilities
  - Lokelani Ohana Program for persons with disabilities
  - 60 bed veterans skilled care facility, with in-patient psychiatric unit and assessment services
  - Geriatric psychiatric unit or specialty group home
  - Housing complexes for low-income and middle-income older adults and persons with disabilities
- Adopt a concept of and enact pioneering legislation for a Home and Community Based Services Index (HCBSI) to adjust services funding annually based on growth of aging and disability population and results in redirecting taxpayer investment and spending toward non-institutional services.
- Rectify the differential treatment of financial reimbursements in Medicaid and Medicare that Hawaii receives as a rural island state with high cost of living for its citizens. Work with the Congressional representatives to seek a 20% frontier differential that is given to Alaska.
- Fund a Critical Long Term Care Pay Differential to address the workforce shortage in long term care.
- Enact legislation for the Maui Community Volunteer “CARE CORP” Tax Credit Proposal.
- Establish and fund a Physician Recruitment and Retention Taskforce to do a “50 State Comparative Study to identify solutions for Hawai`i.

- Fund the Maui Long Term Care Partnership to replicate a “CARE CORPS” model within communities that results in an increased supply of volunteer caregivers.
- Enact legislation for a Tax credit for families caring for loved ones at home.
- Fund low interest state revolving fund retrofit loans for alternative care providers (*Residential Alternative Community Care, Adult Residential Care Homes, Assisted, Assisted Living Facilities) and nursing facility modernization.
- Fund home modification counseling: low interest retrofit loans and grants for home owners, i.e., Hana Aging in Place Retrofit Project
- Enact legislation that authorizes the establishment of uniform regulations and licensing procedures for home and community based services programs under a single administrative agency; the State Department of Human Services.
- Continue to fund the Hawaii Aging and Disability Resource Center system.
- Support Congressional “Class Act” Bill Community Living Assistance Services and Supports Act (CLASS Act) **--** Senators Edward Kennedy (D-MA) and Mike DeWine (R-OH) introduced S. 1951, the Community Living Assistance Services and Supports Act (CLASS Act). The CLASS Act would establish a national, voluntary, premium-based long-term care insurance program, filling a major void in our national long term care system and helping relieve pressure on Medicaid as the sole payer of long-term care. Working individuals would enroll in the optional program and contribute monthly premiums into a trust fund. Enrollees would pay premiums for a minimum of 5 years before they could become eligible for benefits. Payment of benefits would be based on functional needs – not diagnosis. There are no lifetime limits on benefits or underwriting that often excludes individuals with disabilities from purchasing long-term care insurance. In addition, benefits would be paid in cash and the bill specifically allows individuals to hire family caregivers if desired.
- Fund the Maui Long Term Care Partnership’s “Saving for Aging” Public Awareness campaign to increase public awareness about the difficulty in qualifying for Medicaid and personal planning for long term care.
- Expand and fund the Hana Aging in Place Retrofit Project as a falls prevention model across the county.
- Fund the State Department of Health public awareness campaigns to promote prevention services, such as flu shots, pneumonia, shingles, and falls prevention.
- Fund a study about alternative and complementary medicine to be included in Hawaii’s health care system through reimbursements and privileges at all health care facilities. There needs to be recognition that there is alternative medicine and how it complements the health care system.
- Fund a Center of Excellence on Aging at Maui Community College to conduct research, education and training, policy development and advocacy.
- Establish and fund a Medical Residency Program for Maui County.
- Expand the Maui Community College Nursing and Dental Programs faculty and classroom expansion.
- Expand and fund the newly established education and training curriculum at Maui Community College.

State government: (administrative)

- Increase the alternative long term care bed supply, thereby, freeing up nursing home beds. Provide land as an incentive to encourage the private sector to expand service, especially to Medicaid health care insurees.
- Rectify the differential treatment of financial reimbursements in Medicaid and Medicare that Hawai'i receives as a rural island state with high cost of living for its citizens. Work with Congressional representatives to seek a 20% frontier differential that is given to Alaska.
- Fund home modification counseling: low interest retrofit loans and grants for aging home owners, i.e., Hana Aging in Place Retrofit Project.
- Allocate State Department of Human Services nurse case management fees to assisted living facilities that have internal registered nurses.
- Permit nurse delegation in nursing facilities as is currently done in home and community care settings.
- Leverage funding to expand oral health services.
- Pilot test a Central Maui "Greenhouse" (*7 acres / 60 bed facility with parking and associated infrastructure) to support development of "greenhouses" and "greenhouse culture".
- Adopt terms and definitions related to home and community based services/long term care in the Hawai`i Health Performance Plan (see Appendix).

County Government:

Ordinances

- Increase the alternative long term care bed supply *(e.g. care homes, foster homes, assisted living* thereby. Provide land incentives to encourage the private sector to expand service, especially to Medicaid health care insurees.
- Recognize that facilities for low income elders who need residential and institutional care in the long term are forms of affordable housing and therefore are candidates for low income tax credits and other considerations adopted by Maui County to promote affordable housing in community development projects.
- Adopt "Aging in Place" Building Code revisions for alternative care settings.
- Adopt a universal design building code ordinance.
- Fund home modification counseling: low interest retrofit loans and grants for home owners, i.e., Hana Aging in Place Retrofit Project.

County Budget

- Fund adult day care services as a family caregiver and community support service on behalf of older adults and persons with disabilities.
- Fund an Aging and Disability Resource Center information service and facility and co-locate with other aging and disability focused services offices. Explore the possibility of a Community Development Block Grant (CDBG) planning/ design grant to support co-location.
- Fund the Maui Long Term Care Partnership's "Saving for Aging" Public Awareness campaign to increase public awareness about the difficulty in qualifying for Medicaid and personal planning for long term care.

- Expand and fund the Hana Aging in Place Retrofit Project as a falls prevention model across the county.
- Fund a pilot project to conduct outreach to parents and guardians about their children receiving immunizations and taking fluoridation pills as a means of preventing health care costs.
- Fund a Center of Excellence on Aging at Maui Community College to conduct research, education and training, policy development and advocacy.
- Establish and fund a Medical Residency Program for Maui County.
- Expand the Maui Community College Nursing and Dental Programs faculty and classroom expansion.
- Expand and fund the newly established education and training curriculum at Maui Community College.
- Pilot test a Central Maui "Greenhouse" (*7 acres / 60 bed facility with parking and associated infrastructure) to support development of "greenhouses" and "greenhouse culture".

County Plans

- Include language in the Maui County Community Plans to support modernization or replacement of depreciating and deteriorating infrastructure and support funding for such purpose.
- Include language in the Maui County General Plan and Community Plans to support a role of county government in achieving the Maui County health care goal.

Federal Government:

- Increase *the* alternative long term care bed supply *(e.g. care homes, foster homes, assisted living)*, thereby, freeing up nursing home beds. Enact legislation that provides additional tax credit incentives and funding for the private sector to obtain land to build alternative long term care beds to include Medicaid health care insurees.
- Fund a 60 bed veterans skilled care facility, with in-patient psychiatric unit and assessment services.
- Fund a geriatric psychiatric unit or specialty group home.
- Fund a Center of Excellence on Aging at Maui Community College to conduct research, education and training, policy development and advocacy.
- Establish and fund a Medical Residency Program for Maui County.
- Expand the Maui Community College Nursing and Dental Programs faculty and classroom expansion.
- Expand and fund the newly established education and training curriculum at Maui Community College.
- Pilot test a Central Maui "Greenhouse" (*7 acres / 60 bed facility with parking and associated infrastructure) to support development of "greenhouses" and "greenhouse culture".

G. Certificate of Need – Sound public policy and legislation is necessary to address the redundancy and complexity of the current certificate of need process. A re-organization is recommended by eliminating the Certificate of Need Review Panel and Statewide Health Coordinating Council, renaming the Subarea Councils to Regional Councils, and providing Regional Councils with decision making authority. To assure that technical expertise is maintained in an advisory capacity to the Regional Council as well as the State Director of the State Health Planning and Development Agency such legislation should include an advisory panel of unbiased, technical experts to be retained without voting capacity. It is recommended that the appointments to the Regional Council take into consideration diverse expertise in order to reach sound decisions.

H. Limited Prescription Authority for Psychologists. Sound public policy and legislation is necessary to address the shortage of psychiatrists and limited access to mental health services of all ages by authorizing psychologists to manage and prescribe specified medications, subject to appropriate training, regulation, and oversight.

APPENDIX

GOV. MSG. NO. 990

EXECUTIVE CHAMBERS
HONOLULU

LINDA LINGLE
GOVERNOR

June 28, 2007

The Honorable Colleen Hanabusa, President
and Members of the Senate
Twenty-Fourth State Legislature
State Capitol, Room 409
Honolulu, Hawaii 96813

Dear Madam President and Members of the Senate:

This is to inform you that on June 28, 2007, the following bill was signed into law:

HB212 HD2 SD2 CD1 — A BILL FOR AN ACT RELATING TO HEALTH CARE.
(ACT 219)

Sincerely,

LINDA LINGLE

Approved by the Governor
on JUN 28 2007

HOUSE OF REPRESENTATIVES
TWENTY-FOURTH LEGISLATURE, 2007
STATE OF HAWAII

ACT 219

H.B. NO. 212 H.D. 2 S.D. 2 C.D. 1

A BILL FOR AN ACT

RELATING TO HEALTH CARE.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF HAWAII:

PART I

SECTION 1. The legislature finds that the island of Maui needs additional acute care beds and services. In 2004, the Hawaii Health Information Corporation published a document entitled "Maui Bed Needs Study, 2005 - 2025" in collaboration with Kaiser Permanente, Malulani Health Systems, Inc., the Maui county mayor's office, the Maui Memorial Medical Center, and the state health planning and development agency. The Maui Bed Needs Study used scientific methodologies to predict the number of additional beds needed in the near term.

The legislature also finds that the Maui community wants to have a greater say in the health care planning process for the island. The purpose of this part is to empower the citizens of the county of Maui by creating the Maui health initiative task force to develop a comprehensive strategic health plan and by expediting the approval of new acute care facilities and medical or emergency services on the island of Maui.

SECTION 2. Maui health initiative task force. (a) There is created the temporary Maui health initiative task force within the state health planning and development agency for administrative purposes to develop a comprehensive strategic health plan for the county of Maui. The state health planning and development agency and the department of health shall provide technical and administrative support to the task force.

(b) The task force shall consist of fifteen members to be appointed without regard to section 26-34, Hawaii Revised Statutes, as follows:

(1) The mayor of Maui shall appoint seven members who are residents of various regions of Maui, including east, west, central, upcountry, south, Molokai, and Lanai;

(2) The president of the senate shall appoint four members; and

(3) The speaker of the house of representatives shall appoint four members.

Members shall have diverse backgrounds and experiences, including health care (such as acute care, long term care, emergency medical services, and higher education as related to health care professions), finance, planning, or as a consumer. At least one member shall have statewide experience. No member

shall be employed by the department of health or the state health planning and development agency attached to the department of health. Members shall not receive compensation but shall be reimbursed for necessary expenses incurred in carrying out their duties, including travel expenses.

(c) The task force shall develop a comprehensive strategic health plan for the county of Maui that will:

(1) Determine the current and future health care needs of Maui county;

(2) Develop an integrated plan for providing health care, including primary, acute, and long-term care, urgent and emergency care, and disaster preparedness; and

(3) Determine an appropriate role for Maui county health care facilities within the statewide system of emergency and trauma care.

(d) The task force may contract for services to obtain necessary information, data, and analysis. The task force shall utilize the Maui Bed Needs Study in its deliberations. The state health planning and development agency shall expedite any contracts required under chapter 103D, Hawaii Revised Statutes.

(e) The task force shall submit its final report, including findings, recommendations, and any necessary proposed

legislation, to the legislature, the mayor of Maui county, and the state health planning and development agency no later than twenty days prior to the convening of the regular session of 2008. Within sixty days of receipt of the task force's report, the state health planning and development agency shall integrate the report into the activities of the tri-isle subarea health planning council.

(f) The task force shall convene its first meeting no later than July 15, 2007, and shall terminate on June 30, 2008.

SECTION 3. Any other law to the contrary notwithstanding, the state health planning and development agency shall grant expedited review to any application for a certificate of need whose health care service area is within Maui County that demonstrates financial viability and meets the Hawaii health performance plan relating to Maui county as revised pursuant to section 2(e). Any required hearings or reviews shall be held in Maui county.

SECTION 4. There is appropriated out of the general revenues of the State of Hawaii the sum of $100,000 or so much thereof as may be necessary for fiscal year 2007-2008 for the operation of the Maui health initiative task force to carry out the purposes of this part.

The sum appropriated shall be expended by the state health planning and development agency for the purposes of this part.

PART II

SECTION 5. The legislature finds that the State's rapidly aging population will significantly increase the demand for health care services and long-term care. Regrettably, there is a growing shortage of health care professionals in Hawaii, especially on the neighbor islands and in rural areas. The problem is further aggravated by the fact that, as the State loses essential health care providers, the current health care workforce continues to age, exacerbating the growing shortage of providers. Low reimbursement rates, issues related to living and working in remote communities, challenging working conditions, and the cost of medical malpractice insurance also continue to create barriers to recruitment and retention of health care providers, especially in certain specialty areas.

While providing adequate health insurance for all of the people in the State remains a challenge, the health care workforce shortage will continue to leave many without access to appropriate care. A fully staffed, well-trained health care workforce is a key component in providing quality health care for all Hawaii residents.

The purpose of this part is to develop and maintain a secure statewide comprehensive health care workforce map and database, to identify healthcare workforce shortages through 2020, and to develop a plan to improve any workforce shortages. Nurses are exempt, as Act 198, Session Laws of Hawaii 2003, creates a center for nursing that addresses nursing workforce issues. Like the nursing shortage, workforce shortages in other health care professions must be seen as a long-term problem. Developing expertise within the State will be cost-effective over time. Therefore, a partnership between the state health planning and development agency and the University of Hawaii will be an important element in creating solutions to the health care workforce shortage problem.

SECTION 6. The John A. Burns school of medicine, in cooperation with the state health planning and development agency, shall:

(1) Compile and analyze existing data on the supply and distribution of licensed health care practitioners, technicians, and other health care workers in the State by profession, specialty, and practice location;

(2) Develop projections through 2020 of the workforce supply and demand to identify shortages;

(3) Develop a plan to address and reduce any identified shortages of health care workers;

(4) Develop a plan to collect and systematically update the data; and

(5) Ensure that data collected is accurate and secure and that data specific to any practitioner is disclosed only with the express written consent of the practitioner.

PART III

SECTION 7. This Act shall take effect upon its approval; provided that section 4 shall take effect on July 1, 2007.

APPROVED this 28 day of JUN , 2007

GOVERNOR OF THE STATE OF HAWAII

Maui Health Care Initiative Task Force

c/o Hawaii State Health Planning and Development Agency
1177 Alakea St. #402 , Honolulu, HI 96813
Phone: (808)-587-0788
FAX: (808)-587-0783
Email: shpda@doh.hawaii.gov

www.shpda.org

Meetings are

Open to the Public

Maui Contact Information

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Members

Chair
Rita Barreras
Huelo, HI

Vice Chair
Tony Krieg
Kahului, HI

Dr. Noa Emmett Aluli
Kaunakakai, HI

Norman Bezane
Lahaina, HI

Jan Yagi Buen
Wailuku, HI

Dr. Richard C. Weiland
Kula, HI

May Fujiwara
Lahaina, HI

Hermine Harman
Kihei, HI

Dr. Guy Hirayama
Wailuku, HI

Mark Hyde
Wailea, HI

Alan G. Lee
Wailuku, HI

Phyllis McOmber
Lanai City, HI

Leonard Oka
Wailuku, HI

Jeanne Skog
Haiku, HI

John Smith
Wailuku, HI

Task Force Members

Appointed by Mayor Charmaine Tavares: Dr. Emmet Noa Aluli, Rita Barreras, May Fujiwara, Hermine Harman, Alan Lee, Phyllis McOmber, Dr. Richard Weiland

Appointed by Representative Calvin Say, Speaker of the House of Representatives:: Norman Bezane, Leonard Oka, John Smith, Jan Yagi-Buen

Appointed by Senator Colleen Hanabusa, Senate President:
Dr. Guy Hirayama, Mark Hyde, Tony Krieg, Jeanne Skog

Task Force Committees

Acute, Primary, Emergency

Mark Hyde, Chair
Rita Barreras
Norman Bezane
Hermine Harman
Guy Hirayama
Jeanne Skog

Home and Community Based Services
(changed from Long Term Care)

Hermine Harman, Chair
Gladys Baisa
Rita Barreras
Tony Krieg
Jan Yagi-Buen
Anne Trygstad

Disaster Preparedness

Richard Weiland, Chair
Rita Barreras
May Fujiwara
Alan Lee
Phyllis McOmber
Leonard Oka
John Smith

Act 219, signed in to law on June 28, 2007, creates the Maui Health Care Initiative Task Force within the state health planning and development agency (SHPDA) for administrative purposes to develop a comprehensive strategic health plan for the county of Maui. SHPDA and the Department of Health provide technical and administrative support to the task force. Members are appointed by the Mayor of the County of Maui, the President of the Senate and the Speaker of the House.

Schedule of Task Force Meetings

Wednesday, August 8, 2007, 11:30 a.m. to 1:00 p.m., The Dunes at Maui Lani, 1333 Maui Lani Parkway, Kahului

Saturday, August 25, 2007, 1:00 to 4:00 p.m., Planning Department Conference Room, Kalana Pakui Building (adjacent to the County Building), First Floor, 250 South High Street, Wailuku

Tuesday, September 4th, 11 a.m. to 2 p.m., Planning Department Conference Room, Kalana Pakui Building (adjacent to the County Building), First Floor, 250 South High Street, Wailuku

Tuesday, September 18th, 5 to 8 p.m., Maui Memorial Medical Center, 1st floor auditorium, Wailuku

Saturday, October 13th, 12 to 3 p.m. West Maui Senior Center, large meeting room

Tuesday, October 23rd, 11 a.m. to 2 p.m. Maui Coast Hotel, Maile Room, 2259 South Kihei Road, Kihei

Saturday, November 3, 2007, 9 a.m. to 4 p.m., Kaunoa Senior Center, 401 Alakapa Place, Room 101-102, Paia

Tuesday, November 6th, 5 to 8 p.m. (CANCELLED)

November 10, 2007, 9 a.m. to 4 p.m., Maui Memorial Medical Center Auditorium, Wailuku

Tuesday, November 20th, 12 noon to 3 p.m., Kaunoa Senior Center, 401 Alakapa Place, Room 101, Paia

Tuesday, December 4th, 5 to 8 p.m., Kaunoa Senior Center, 401 Alakapa Place, Room 101-102, Paia

Wednesday, December 12, 2007, 5 to 8 p.m., Kaunoa Senior Center, 401 Alakapa Place, Room 101-102, Paia

Saturday, December 15th, 12 to 3 p.m., J. Walter Cameron Center, 95 Mahalani Street, Auditorium, Wailuku (meeting recessed until December 20th)

Saturday, December 20th, 5:30 p.m., Kaunoa Senior Center, 401 Alakapa Place, Room 101-102, Paia (meeting reconvened based on decision to recess December 15, 2007 meeting)

Data and Information Sources

Persons representing organizations were invited to task force meeting to assist the task force during its inventory phase of determining the current health care delivery system and needs of residents and visitors. Information shared by provider and community experts about their role in the health care industry and utilization of services by residents and visitors was helpful in understanding the larger healthy care industry. The task force members were interested in receiving perspectives about: 1) the current needs and future health care needs for Maui County, 2) elements of an integrated plan for health care, including primary, acute, long term care and emergency care and 3) the role of facilities within the statewide system of emergency and trauma care.

Presenters listed below were asked to provide a fifteen minute presentation that addressed information about their organizations and the topics noted above. Minutes that summarize presentations are available from the State Health Planning and Development Agency.

1. Phyllis McOmber, Lana`i Women's Resource Center, September 4, 2007
2. James Jones, M.D., September 4, 2007
3. Ron Kwon, M.D., September 4, 2007
4. Wesley Lo, Maui Memorial Medical Center, September 18, 2007
5. John Schaumburg, Lana'i Community Hospital, September 18, 2007
6. Lance Segawa, Hawaii Health Systems Corporation, September 18, 2007
7. Tony Krieg, Hale Makua, September 18, 2007
8. Susan Forbes, Hawaii Health Information Corporation, September 18, 2007
9. Howard Barbarosh, M.D., and Maui County Medical Society, October 13, 2007
10. Jeff Hunt, Maui County Planning Department, October 13, 2007
11. Brian Hoyle, Southwest Health Group, October 13, 2007
12. Nancy Johnson, Allied Health Department, Maui Community College, October 13, 2007
13. Alfred Arensdorf, M.D., and Mayor Charmaine Tavares' Health Care Representative, October 13, 2007
14. Lorrin Pang, M.D., Maui Health District Office, State Department of Health, October 13, 2007
15. Eric Shell, Stroudwater Associates, October 23, 2007
16. John Blumer-Buell, Hana Community Representative, October 23, 2007
17. Jan Shields, Association for Improved Health Care on Maui, October 23, 2007
18. Kathy Hass, Veterans Administration, October 23, 2007
19. Ronald Terry and Darryl Shutter, State Health Planning and Development Agency, December 4, 2007

In addition to data and information received through presentations, task force members researched specific issues and presented data and information during committee investigative work. Data sources are mentioned throughout the report.

Public Testimony

Oral Testimony provided between August and December 2007

1. Betsy Shusser, West Maui resident, August 8, 2007
2. Maria Weber, West Maui resident, President of West Maui Health Alliance and Friends of Maui County Health, PUSSH board member, August 8, 2007
3. Ron Montgomery, Kula, PUSSH board member, August 8, 2007
4. Joe Bertram, Representative of South Maui, September 4, 2007
5. Marv Paularena, Wailuku resident, formerly West Maui resident, September 4, 2007
6. John Blumer-Buell, Hana resident, September 4, 2007.
7. Anne Trygstad, Pukalani resident, September 4, 2007
8. Gina Flammer, Kula Community Association, September 18, 2007
9. Don Lehman, West Maui resident and West Maui Improvement Foundation, October 13, 2007
10. Eve Clute, Lahaina resident and doctor of public health, October 13, 2007
11. Jan Shields, Pukalani resident and Association for Improved Health Care on Maui, October 13, 2007
12. Peg Robertson, West Maui resident, October 13, 2007
13. Joe Pluta, West Maui Taxpayers Association, October 13, 2007
14. Cecelia Romero, Biology teacher at Baldwin High School, October 13, 2007
15. JoAnne Johnson, Maui Long Term Care Partnership/West Maui Health Alliance, October 13, 2007
16. Anne Trygstad, Pukalani resident, October 13, 2007
17. David Russell, Heart, Brain, Vascular Services, Maui Memorial Medical Center, October 23, 2007
18. Patricia Ross, Kihei resident and veterans advocate and widow, October 23, 2007
19. Dr. Nancy Rogers,Head, OB GYN at Kaiser Permanente and Chair, Perinatal Safety Committee at Maui Memorial Medical Center, October 23, 2007
20. Dr. Michael Kim, OB-GYN specialist, October 23, 2007
21. Dr. Pedro Giron, Emergency room physician and Chief of Staff at Maui Memorial Medical Center, October 23, 2007.
22. Michael Covich, Vietnam Veterans of Maui County, October 23, 2007
23. Joan Bellard, Parent of adult with disability, November 10, 2007
24. Karen Peterson, Kihei, Executive Director of "*Giving Back*" (nonprofit organization that provides senior mentors for children and frail elders), November 10, 2007
25. Dr. Rod G. Bjordahl, Chief Medical Officer for the Maui Region of Hawaii Health Systems Corporation Maui Memorial Medical Center, November 10, 2007
26. Peg Robertson, West Maui resident, November 10, 2007
27. Dr. Jane Kocivar, internist on Maui, November 10, 2007
28. Daniel Garcia, Internist and Medical Director at Maui Medical Group, November 20, 2007
29. Joe Bertram, South Maui Representative, November 20, 2007
30. Wendie Miller-Schwab, Dentist who specializes in oral health geriatrics, November 20, 2007

31. Alfred Arensdorf, M.D., Executive Assistant on Health for Mayor Charmaine Tavares, November 20, 2007
32. JoAnn Ahuna, Hana resident, Tri-Isle Subarea Health Council member, November 20, 2007
33. DeGray Vanderbilt, Chairman of Moloka`I Planning Commission and member of Moloka`I General Plan Advisory Committee, November 20, 2007
34. Dr. Rafi Boritzer, Gerontology and public health, November 20, 2007
35. Zeke Kalua, West Maui, December 4, 2007
36. Joe Pluta, West Maui, December 4, 2007
37. Christina Chang, Lokelani ‘Ohana, December 4, 2007
38. Anne Trygstad, Pukalani, December 4, 2007
39. Brian Hoyle, Principal of Southwest Health Group, December 12, 2007
40. Alan Arakawa, Former Maui County Mayor, December 12, 2007
41. Bert Schifferling, Kihei, former member of Maui Memorial Medical Center board, December 12, 2007
42. Bill Medeiros, Maui County Councilman, East Maui, December 12, 2007
43. Maria Weber, West Maui resident and President, West Maui Health Alliance, December 15, 2007
44. Bill Weber, West Maui resident, December 15, 2007
45. Wesley Lo, CEO, Maui Memorial Medical Center, December 15, 2007
46. Al Arensdorf, M.D., Executive Assistant on Health for Mayor Charmaine Tavares December 15, 2007
47. Rick Medina, Central Maui representative, Maui Long Term Care Partnership, December 15, 2007
48. Joe Bertram, South Maui Representative, December 15, 2007

<u>Written testimony/comments provided between August and December 2007</u>

Eve Clute, Lahaina, October 13, 2007
Stacey Haysek, Lahaina, October 13 2007
Anne Trygstad, Pukalani, October 13, 2007
David Russell, Heart, Brain, and Vascular Center, Maui Memorial Medical Center, October 23, 2007
Shirley Chun-Ming, RNC, Wailuku, October 23, 2007
Nancy Rogers, MD, OBGYN, Head OBGYN Department Kaiser, Wailuku, October 23, 2007
Karen Peterson, Kihei, Executive Director of "*Giving Back*" (nonprofit organization that provides senior mentors for children and frail elders), November 10, 2007
Dr. Rod G Bjordahl, Chief Medical Officer for the Maui Region of Hawaii Health Systems Corporation, November 10, 2007
Gina Flammer, Kula Hawaii, November 16, 2007
Curt Morimoto, Tri-Isle Subarea Council, December 12, 2007
Scott Schaefer, MICT, Maui EMSAC Facilitator, December 12, 2007
Anne Trygstad, Pukalani, December 12, 2007
Maria Weber, President, West Maui Health Alliance, December 12, 2007
Maria Weber, President, West Maui Health Alliance, December 15, 2007
Bill Weber, Lahaina, December 15, 2007

Recommended Additions to Hawaii Health Performance Plan Glossary of Terms

Definitions of Home and Community Based Services / Long Term Care Terms

Activities of Daily Living (ADL): Physical functions that an independent person performs each day, including bathing, dressing, eating, toileting, walking or wheeling, and transferring into and out of bed.

Acute Care: Care for illness or injury that usually develops rapidly, has pronounced symptoms and is finite in length. Medical care that is required for a short period of time to cure a certain illness and/or condition. Acute hospitals are designed and licensed to provide short-term acute care.

Adaptive/Assistive Equipment: An appliance or device which assists user with performance of activities of daily living, work or recreation.

Administration on Aging: An agency of the U.S. Department of Health and Human Services. AOA is an advocate agency for older persons and their concerns at the federal level. AOA works closely with its nationwide network of State and Area Agencies on Aging (AAA).

Adult Day Care: A program that provides protective care for adults who stay at home at night but who need supervision and assistance during the day, generally because the family caretaker must go to work. Adult Day Care assists its participants to remain in the community.

Adult Day Health Services: A center or facility where therapeutic, social, and health activities are provided for those adults with physical or mental impairments. Some programs offer medication monitoring, medical and nursing care, and physical and occupational

Adult Foster Care: A live-in arrangement where one to two adults live with and recieve care and services from an unrelated, trained individual or family. Such arrangements are licensed by the state.

Adult Foster Family Homes (DHS-RACCP): The Department of Human Services (DHS) Residential Adult Community Care Program (RACCP) licenses Adult Foster Family Homes. Foster Family homes are private homes where care is provided by families; recruited, trained, and licensed to provide care for one to two adults.

Adult Residential Care Homes (DOH-ARCH): Care homes, licensed by the Department of Health, provide long-term care to disabled or elderly adults in community integrated, home-like settings. Such programs must provide room, board, housekeeping, personal care and supervision. Providers do not administer medications or perform skilled care for residents.

ARCHs Type I homes are limited to 5 to 6 residents.
ARCH Type II homes provide care for more than 5 to 6 residents.
EC-ARCH: Extended Care ARCH homes are dual licensed by both DOH and DHS. Medications and skilled care may be provided to 2 of 5 ARCH I, or 20% of ARCH II residents.

ADA: The ADA or Americans with Disabilities Act is a federal civil rights law, passed in 1990, to prevent the discrimination of individuals with disabilities in employment, state and local government, transportation, and commercial and public facilities.

Advanced Directives: A written statement of an individual's preferences and directions regarding health care. Advanced Directives protect a person's rights even if he or she becomes mentally or physically unable to choose or communicate his or her wishes.

Ageism: Prejudice against people because of their age.

Aging in Place: When an older individual continues to live at home or within the community, outside of an institutional environment.

Age-Associated Memory Impairment: Mild memory loss that increases with age. Mild memory loss is normal and should not be confused with forms of dementia, which are progressive and affect every day living.

Alternate Facility: A licensed residence other than a skilled nursing facility where care services are delivered (i.e. hospice, assisted living, Foster Family, ARCH homes.)

Alzheimer's Disease: A progressive and irreversible organic disease, typically occurring in the elderly and characterized by degeneration of the brain cells, leading to dementia, of which Alzheimer's is the single most common cause. Progresses from forgetfulness to severe memory loss and disorientation, lack of concentration, loss of ability to calculate numbers and finally to increased severity of all symptoms and significant personality changes.

Alzheimer's Units: Special living units within skilled nursing facilities or assisted living facilities specifically providing care and services for those with Alzheimer's disease.

Ancillary Services: Ancillary Services are additional health services that are provided by an in-patient program or hospital. They may include x-ray, drug and laboratory services.

AARP: The American Association of Retired Persons: A nonprofit organization engaged in activities such as education, lobbying, research, etc. for the benefit of the senior population.

Area Agencies on Aging (AAA): Local government agencies which provide or contract for services for older persons within their area.

Assessment: Determination of a resident's care needs, based on a formal, structured evaluation of the resident's physical and psychological condition and ability to perform activities of daily living.

Asset Protection: Willful legal planning to achieve protection from Medicaid "spend-down" requirements.

Assisted Living Facility: Assisted Living facilities provide senior housing along with supportive services for persons needing assistance with personal care or medications. Facilities offer 24 hour on site staff, congregate dining, and activity programs. Limited nursing services may be provided for an additional fee.

Bedfast: To be bed ridden.

Caregiver: Any individual who takes care of an elderly person or someone with physical or mental limitations.

Care Home (*see Alternative Residential Care Home): A residential facility that provides room, board and personal services to residents who can take care of themselves with little or no assistance. Although they are sometimes confused with nursing homes, ARCH homes do not provide nursing services and are not licensed to do so.

Case Management: A system in which one individual helps the recipient and his or her family determine and coordinate necessary health care services and the best setting for those services.

Case Manager: A health care professional whose training includes managing and arranging for long term care services. This person can be a doctor, nurse, social worker or other similarly trained, and licensed professional.

Center for Medicare and Medicaid (CMS): Formerly the U.S. Health Care Financing Administration, CMS is an element of the Department of Health and Human Services, which finances and administers the Medicare and Medicaid programs. Among other responsibilities, CMS establishes standards for the operation of nursing facilities that receive funds under the Medicare or Medicaid programs.

Certificate of Medical Necessity: A document completed and signed by a physician to certify a patient's need for certain types of durable medical equipment (i.e. wheelchairs, walkers, etc.).

Certification: The process a nursing home undergoes to qualify for participation in the Medicaid and Medicare programs.

Certified Home Health Care: An entity that provides, as a minimum, the following services which are of a preventative, therapeutic, health guidance and/or supportive nature to persons at home: nursing services; home health aide services; medical

supplies, equipment and appliances suitable for use in the home; and at least one additional service such as, the provision of physical therapy, occupational therapy, speech/language pathology, respiratory therapy, nutritional services and social work services.

Certified Nursing Assistant (CNA): The CNA provides personal care to residents or patients, such as bathing, dressing, changing linens, transporting and other essential activities. CNAs are trained, tested, certified and work under the supervision of an RN or LPN.

Chronic: A lasting, lingering or prolonged illness or symptom.

Chronic Care: Care for an illness continuing over a protracted period of time or recurring frequently. Chronic conditions often begin inconspicuously and symptoms are less pronounced than acute conditions.

Chronic Disease: A disease which is permanent, or leaves residual disability, or is caused by nonreversible pathological alteration.

Cognition: The process of knowing; of being aware of thoughts. The ability to reason and understand.

Cognitive Impairment: A diminished mental capacity, such as difficulty with short-term memory.

Companion Care: Non-medical services that are provided in the patient's home. Examples include, but are not limited to: helping the senior with everyday activities, making meals, grooming, ensuring safety, etc. No medical care is provided.

Conservator: Person appointed by the court to act as the legal representative of a person who is mentally or physically incapable of managing his or her affairs.

Continuing Care Retirement Communities (CCRCs): Housing communities that provide different levels of care based on the needs of their residents -- from independent living apartments to skilled nursing in an affiliated nursing facility. Residents move from one setting to another based on their needs, but continue to remain a part of their CCRC's community. Typically CCRCs require a significant payment (called an endowment) prior to admission, then charge monthly fees above that.

Custodial Care: Board, room and other personal assistance services (including assistance with activities of daily living, taking medicine and similar personal needs) that may not include a skilled nursing care component. Custodial Care: Personal services that can be given safely and reasonably by a non-medical person, designed mainly to assist with ADLs, including bathing, eating, dressing and other routine activities.

Dementia: Progressive mental disorder that affects memory, judgement and cognitive powers. One type of dementia is Alzheimer's disease.

Developmental Disability (DD): Refers to a serious and chronic disability, which is attributable to a mental or physical impairment or combination of mental and physical impairments. Those affected have limitations in three or more of the following areas: self-care, receptive and expressive language, learning, mobility, self-direction, capacity of independent living, economic self-sufficiency. Those who have a developmental disability often require long-term treatment and care-planning.

Diagnostic Related Groups (DRGs): DRGs are used to determine the amount that Medicare reimburses hospitals for in-patient services. Medicare pays a certain amount of money depending on the diagnosed illness. The hospital is reimbursed a fixed amount based on the DRG code for the patient.

Discharge Planner: A social worker or nurse who assists patients and their families with health care arrangements following a hospital stay.

Durable Medical Equipment (DME): Durable medical equipment, as defined by Medicare, is equipment which can 1) withstand repeated use, 2) is primarily and customarily used to serve a medical purpose, 3) generally not useful to a person in the absence of an illness or injury, and 4) is appropriate for use in the home (e.g. wheelchairs, hospital beds, walkers).

Durable Power of Attorney for Health Care (DPAHC): A legal document in which a competent person gives another person (called an attorney-in-fact) the power to make health care decisions for him or her if unable to make those decisions. A DPA can include guidelines for the attorney-in-fact to follow in making decisions on behalf of the incompetent person.

Dual Eligibles: Someone who is qualified for both Medicaid and Medicare.

Eden Alternative: Concept to allow children, nature and animals in skilled nursing facilities to provide more home-like and nurturing environments for residents.

Emergency Response Systems: Electronic monitors on a person or in a home that provide automatic response to medical or other emergencies.

Geriatrics: The branch of medicine that focuses on providing health care for the elderly and the treatment of diseases associated with the aging process.

Guardianship: An extreme measure that severely restricts the legal rights of an elder based on a court's finding of legal incompetence. Another individual is assigned the responsibility of handling the elder person's legal affairs.

Health Care Directive: A written legal document which allows a person to appoint another person (agent) to make health care decisions should he or she be unable to make or communicate decisions.

Health Care Power of Attorney: The appointment of a health care agent to make decisions when the principal becomes unable to make or communicate decisions.

Health and Human Services, Department of : An executive department of the federal government that is responsible for the oversight of the Medicare and Medicaid programs.

Health Maintenance Organization (HMO): An organization that, for a prepaid fee, provides a comprehensive range of health maintenance and treatment services (including hospitalization, preventive care, diagnosis, and nursing).

Home Health Care: Refers to a wide range of services, from skilled care and physical therapy to personal care delivered at home or in a residential setting.

Home Health Care Agency: An agency staffed and licensed to provide health services to patients in their own homes.

Home Health Aide: A person who provides personal care such as bathing, dressing and grooming. May include light housekeeping services.

Home-and community-based services (HCBS): Services that are provided to people in their homes by various types of providers. HCBS may include services such as case management, minor home modifications, home delivered meals, chore, personal care, assisted transportation and personal emergency response systems.

Homemaker Services: Assistance given in managing and maintaining household activities that allows you to remain safely in your home when you can not manage those activities on your own. May include meal preparation, laundry, cleaning, chores, etc.

Home Modification Counseling: arrangement of remodeling services specifically designed to allow the person to reside in a home setting rather than a nursing facility (i.e. services to provide assistance and capital improvements such as ramps, grab bars and/or durable medical equipment).

Hospice: Hospice/palliative care is provided to enhance the life of the dying person. Often provided in the home by health professionals, today there are many nursing facilities and acute care settings that also offer hospice services. Hospice care, typically offered in the last six months of life, emphasizes comfort measures and counseling to provide social, spiritual and physical support to the dying patient and his or her family.

Hospice Care: The provision of short-term inpatient services for pain control and management of symptoms related to terminal illness.

Intermediate care facility (ICF): A term formerly used by the Medicaid program to refer to a nursing home that provides the level of non-skilled care needed by many nursing home patients. This level of care, now called Level I, is less intensive and less expensive, than what is called skilled nursing care, or Level II (see "Levels of care"). Level I care costs are covered by either private pay or Medicaid.

Levels of care (Level I and Level II): The intensity of care provided to nursing home patients depends on their medical needs. Most patients need a less intensive level of care that the Medicaid program calls Level I (formerly called intermediate care), while others need a more intensive level called Level II or skilled nursing care. The cost of Level II care is higher than that of Level I, both to private pay patients and to the Medicaid program. The Medicare program does not cover Level I care and covers skilled care only in certain circumstances and in certified facilities.

Intermediate Care Facility/Mentally Retarded (ICF/MR): A licensed facility with the primary purpose of providing health or rehabilitative services for people with mental retardation or people with developmental disabilities.

Incompetence: Determined by a legal proceeding. Requires that the individual is incapable of handling assets and exercising certain legal rights.

Inpatient: A patient who has been admitted at least overnight to a hospital or other health facility (which is, therefore, responsible for the patient's room and board) for the purpose of receiving a diagnosis, treatment, or other health services.

Instrumental Activities of Daily Living (IADL): An index which measures a client's ability and degree of independence in cognitive and social functioning, such as shopping, cooking, doing housework, managing money, and using the telephone.

Length of Stay: The time a patient stays in a hospital or other health facility.

Living Will: A legal document in which a competent person directs in advance that artificial life-prolonging treatment not be used if he or she has or develops a terminal and irreversible condition and becomes incompetent to make health care decisions.

Long Term Care (LTC): The broad spectrum of medical and support services provided to persons who have lost some or all capacity to function on their own due to a chronic illness or condition, and who are expected to need such services over a prolonged period of time. Long term care can consist of care in the home by family members who are assisted with voluntary or employed help, adult day health care, or care in assisted living or skilled nursing facilities.

Long Term Care Insurance: A policy designed to help alleviate some of the costs associated with long term care. Benefits are often paid in the form of a fixed dollar amount (per day or per visit) for covered expenses and may exclude or limit certain conditions from coverage. It is a

means for individuals to protect themselves against the high costs of long-term care.

Long-Term Care Facilities: A range of institutions that provide health care to people who are unable to manage independently in the community. Facilities may provide short-term rehabilitative services as well as chronic care management.

Long Term Home Health Care Program : A coordinated plan of care and services provided at home to invalid, infirm, or disabled persons who are medically eligible for placement in a hospital or residential health care facility for an extended period of time, but such a program was unavailable. Such a program is provided in the person's home or in the home of a responsible relative or other adult, but not in a private proprietary home for adults, private proprietary nursing home, residence for adults, or public home.

Managed Care: A method of financing and delivering health care for a set fee using a network of physicians and other providers who have agreed to the set fees.

MDS (Minimum Data Set): A core set of screening and assessment elements, including common definitions and coding categories, that form the foundation of the comprehensive assessment for all patients of long term care facilities certified to participate in Medicare and Medicaid. The items standardize communication about patient problems and conditions within facilities, between facilities and outside agencies.

Medicaid : The federally supported, state operated public assistance program that pays for health care services to people with a low income, including elderly or disabled persons who qualify. Medicaid pays for long term nursing facility care, some limited home health services, and may pay for some assisted living services, depending on the state. While it was never designed to answer the financial burdens of long-term care for the elderly, it is the only program currently in place to pay for non-skilled nursing home care. It covers those who cannot afford, or do not have private insurance, Medicare or Veterans Administration benefits to cover the cost of care. Medicaid currently pays for approximately 85% of Maui County's unskilled nursing home residents.

Medicaid-Certified Bed : A nursing facility bed in a building or part of a building which has been determined to meet federal standards for serving Medicaid recipients.

Medically Necessary : Medical necessity must be established (via diagnostic and/or other information presented on the claim under consideration) before the carrier or insurer will make payment.

Medicare : The federal program providing primarily skilled medical care and medical insurance for people aged 65 and older, some disabled persons and those with end-stage renal disease.

Means all parts of the Health Insurance for the Aged Act under Title XVIII of the Federal Social Security Act.

Medicare Part A
Hospital insurance that helps pay for inpatient hospital care, limited skilled nursing care, hospice care, and some home health care. Most people get Medicare Part A automatically when they turn 65.

Medicare Part B
Medical insurance that helps pay for doctors' services, outpatient hospital care, and some other medical services that Part A does not cover (like some home health care). Part B helps pay for these covered services and supplies when they are medically necessary. A monthly premium must be paid to receive Part B.

Medicare does not provide benefits for personal or custodial care. Medicare requires co-payments and deductibles.

Medicare-Certified Bed : A nursing facility bed in a building or part of a building, which has been determined to meet federal standards for serving Medicare patients requiring skilled nursing care.

Medigap Insurance: A private insurance that may be purchased by Medicare-eligible individuals to help pay the deductibles and co-payments required under Medicare.

Medicare Supplemental Insurance : This is private insurance (often called Medigap) that pays Medicare's deductibles and co-insurances, and may cover services not covered by Medicare. Most Medigap plans will help pay for skilled nursing care, but only when that care is covered by Medicare. Medigap policies generally do not pay for (Level I) non-skilled nursing home care.

Nurse Delegation Act: Under the Hawaii State Nurse Delegation Act, Registered Nurses may delegate authority to trained Foster Family or EC-ARCH providers to deliver certain medications and skilled care for their residents, as specified in the resident's plan of care. Registered nurse delegated skills may include but are not limited to medication delivery, special nutrition, portable oxygen, and wound care.

Nursing Home : A facility licensed with an organized professional staff and inpatient beds that provides continuous nursing and other health-related, psychosocial, and personal services to patients who are not in an acute phase of illness, but who primarily require continued care on an inpatient basis.

Nurse, Licensed Practical (LPN) : A graduate of a state-approved practical nursing education program, who has passed a state examination and been licensed to provide nursing and personal care under the supervision of a registered nurse or physician. An LPN administers medications and treatments and acts as a charge nurse in nursing facilities.

Nurse, Registered (RN) : Nurses who have graduated from a formal program of nursing education (two-year associate degree, three-year hospital diploma, or four-year

baccalaureate) and passed a state-administered exam. RNs have completed more formal training than licensed practical nurses and have a wide scope of responsibility including all aspects of nursing care.

Occupational Therapist : Occupational therapists evaluate, treat, and consult with individuals whose abilities to cope with the tasks of everyday living are threatened or impaired by physical illness or injury, psychosocial disability, or developmental deficits. Occupational therapists work in hospitals, rehabilitation agencies, long-term-care facilities, and other health-care organizations.

Ombudsman :The Ombudsman Program is a public/government/community-supported program that advocates for the rights of all residents in 24-hour long-term care facilities. Volunteers visit local facilities weekly, monitor conditions of care and try to resolve problems involving meals, finances, medication, therapy, placements and communication with the staff.

Outpatient :A patient who receives care at a hospital or other health facility without being admitted to the facility. Outpatient care also refers to care given in organized programs, such as outpatient clinics.

Patient Assessment : Also called resident assessment. A standardized tool that enables nursing homes to determine a patient's abilities, what assistance the patient needs and ways to help the patient improve or regain abilities. Patient assessment forms are completed using information gathered from medical records, discussions with the patient and family members, and direct observation.

Personal Care: Refers to assistance provided by another person to help with walking, bathing, eating, and other routine daily tasks. It is provided by aides who are not medical professionals but are trained to help with these tasks.

Personal Care Attendants (PCA): NAs generally work in home health or alternative care settings and provide direct personal care services to residents, but they are not certified CNAs.

Plan of care: A written plan for treating the medical, social and emotional needs of each nursing home patient. The plan is written by the patient’s attending physician, a registered nurse and other staff members. The plan of care is updated at least once every three months and more often if the patient’s condition changes.

Pre-admission screening and annual resident review (PASARR): A process for determining whether a person being considered for admission has any mental illness or mental retardation. Federal law requires nursing homes that participate in Medicare or Medicaid to screen all patients. If an initial evaluation reveals mental illness or mental retardation, a more in-depth evaluation is performed to determine whether the patient needs special services that cannot be provided in a nursing home. Patients whose mental conditions change during their stay in the facility will be retested.

Private Pay Patients : Patients who pay for their own care or whose care is paid for by their family or another private third party, such as an insurance company. The term is used to distinguish patients from those whose care is paid for by governmental programs (Medicaid, Medicare, and Veterans Administration).

Prospective Payment System (PPS): The federal Medicare program bases its per day payment rates to skilled nursing facilities (SNFs) on this payment system, that was mandated by the Balanced Budget Act of 1997. The rates are adjusted according to the patients' conditions and needs and geographic variation in wages. The purpose of the system is to account for the costs of essential services to patients. (SEE also Resource Utilization Groups)

Program of All-Inclusive Care for the Elderly (PACE): PACE programs serve individuals with long term care needs by providing access to the entire continuum of health care services, including preventive, primary, acute and long term care. A basic tenet of the PACE philosophy is that it is better for both the senior with long term care needs and the health care system to focus on keeping the individual living as independently as possible in the community for as long as possible.

Personal Care: Involves services rendered by a nurse's aide, dietician or other health professional. These services include assistance in walking, getting out of bed, bathing, toileting, dressing, eating and preparing special diets.

Physical Therapy : Services provided by specially trained and licensed physical therapists in order to relieve pain, restore maximum function, and prevent disability or injury.

Power of Attorney : A legal document allowing one person to act in a legal matter on another's behalf pursuant to financial or real-estate transactions.

Pre-Admission Screening : An assessment of a person's functional, social, medical, and nursing needs, to determine if the person should be admitted to nursing facility or other community-based care services available to eligible Medicaid recipients. Screenings are conducted by trained preadmission screening teams.

Preexisting Conditions : Medical conditions that existed, were diagnosed or were under treatment before an insurance policy was taken out. Long term care insurance policies may limit the benefits payable for such conditions.

Prospective Payment System (PPS): Method by which skilled nursing facilities are paid by Medicare.

Provider: Someone who provides medical services or supplies, such as a physician, hospital, x-ray company, home health agency, or pharmacy.

Qualified Medicare Beneficiaries (QMB): A federally required program where states must pay the Medicare deductibles, co-payments as well as Part B premiums for Medicare beneficiaries who qualify based on income and resources.

Quest-Expand Aged, Blind, and Disabled Program: Department of Human Services – Medicaid managed care contracts with private insurance companies, providing care to the Medicaid eligible blind, disabled, and/or greater than age 65 population. The insurers provide care via their networks of contracted care providers. Managed care programs have demonstrated successful Medicaid cost reduction via privatization, competition, contract incentives and mandated requirements, such as increases in home and community based care services.

Reasonable and Necessary Care: The amount and type of health services generally accepted by the health community as being required for the treatment of a specific disease or illness.

Registered nurse (RN): Nurses who have graduated from a formal program of nursing education (two-year associate degree, three-year hospital diploma, or four-year baccalaureate) and passed a state-administered exam. RNs have completed more formal training than licensed practical nurses and have a wide scope of responsibility including all aspects of nursing care.

Resource Utilization Groups (RUGs): These 44 categories make up the patient classification system used by the Medicare program to adjust its payment rates to skilled nursing facilities. (SEE also Prospective Payment System)

Respite care: A program that offers overnight accommodations and medical care for individuals who cannot take care of themselves and normally are cared for at home by family members. Respite care gives the routine caregivers a temporary respite from their caregiving responsibilities.

Resident: A person living in a long-term care facility. Since nursing facilities are licensed health care facilities, residents are often also referred to as patients.

Resident Care Plan : A written plan of care for nursing facility residents, developed by an interdisciplinary team which specifies measurable objectives and timetables for services to be provided to meet a resident's medical, nursing, mental and psychosocial needs.

Residential Care Facility: Group living arrangements that are designed to meet the needs of people who cannot live independently, but do not require nursing facility services. These homes offer a wider range of services than independent living options. Most provide help with some of the activities of daily living. In some cases, private long-term care insurance and medical assistance programs will help pay for this type of service.

Senior Housing: Independent living units, generally apartments. Any supportive services, if needed, are through contract arrangement between tenant and service provider.

Senile Dementia: Dated term for organic dementia associated with old age. Now referred to as dementia and/or Alzheimer's.
Side Rail: Rails on a hospital-type bed that are meant to protect a patient.

Skilled Nursing Care: Nursing and rehabilitative care that can be performed only by, or under the supervision of, licensed and skilled medical personnel, in either a facility setting or at home. The level of care which requires the training and skills of a Registered Nurse; is prescribed by a doctor for the medical care of the patient; and may not be provided by less skilled or less intensive care, such as Custodial Care or Intermediate Care

Speech Therapy: This type of service helps individuals overcome communication conditions such as aphasia, swallowing difficulties and voice disorders. Medicare may cover some of the costs of speech therapy after client meets certain requirements.

Sub-Acute Care: A level of care designed for the individual who has had an acute event as a result of an illness, and is in need of skilled nursing or rehabilitation but does not need the intensive diagnostic or invasive procedures of a hospital.

Sub-Acute Care Facilities: Specialized units often in a distinct part of a nursing facility. Provide intensive rehabilitation, complex wound care, and post-surgical recovery for persons of all ages who no longer need the level of care found in a hospital.

Subsidized Senior Housing: A program that accepts Federal and State money to subsidize housing for older people with low to moderate incomes.

Supplemental Security Income (SSI): A federal program that pays monthly checks to people in need who are 65 years or older or who are blind or otherwise disabled. The purpose of the program is to provide sufficient resources so that any one who is 65 or older, blind, or otherwise disabled, can have a basic monthly income. Eligibility is based on income and assets.

Spend-down: Depleting almost all assets to meet eligibility requirements for Medicaid.

Survey: A detailed, unannounced inspection of each licensed nursing home conducted at least once a year by the Quality Assurance division of the Hawaii Department of Health.

Waitlist: Shortages in infrastructure or services result in client waitlists with delayed access to appropriate care or housing.

Bibliography

Agendas and Minutes

Maui Health Initiative Task Force, Record of Agendas and Minutes on file with the State Health Planning and Development Agency and at www.shpda.org):

- August 8, 2007, The Dunes at Maui Lani, Kahului, Maui, Hawaii;
- August 25, 2007, Palana Pakui Building, Planning Department Conference Room, First Floor, 250 High Street, Wailuku, Maui, Hawaii;
- September 4, 2007, Palana Pakui Building, Planning Department Conference Room, First Floor, 250 High Street, Wailuki, Maui, Hawaii;
- September 18, 2007, Maui Memorial Medical Center, Auditorium, First Floor, Kahului Tower, 221 Mahalani Street, Wailuku, Maui, Hawaii;
- October 13, 2007, West Maui Senior Center, 778 Pauoa, Lahaina, Maui, Hawaii;
- October 23, 2007, Maui Coast Hotel, Maile Room, 2259 South Kihei Road, Kihei, Maui, Hawaii;
- November 3, 2007, Kaunoa Senior Center, 401 Alakapa Place, Paia, Maui, Hawaii;
- November 10, 2007, Mai Memorial Medical Center, Auditorium, First Floor, Kahului Tower, 221 Mahalani Street, Wailuku, Maui, Hawaii;
- November 20, 2007, Kaunoa Senior Center, 401 Alakapa Place, Room 101, Paia, Maui, Hawaii;
- December 4, 2007, Kaunoa Senior Center, 401 Alakapa Place, Rooms 101-102, Paia, Maui, Hawaii;
- December 12, 2007, Kaunoa Senior Center, 401 Alakapa Place, Rooms 101-102, Paia, Maui, Hawaii;
- December 15, 2007, J.W. Walter Cameron Center, 95 Mahalani Street, Auditorium, Wailuku, Maui, Hawaii (agenda only; meeting recessed until December 20, 2007);
- December 20, 2007, Kaunoa Senior Center, 401 Alakapa Place, Rooms 101-102, Paia, Maui, Hawaii (meeting reconvened after decision to recess on December 15, 2007. Minutes of December 15 and 20 meetings to be considered at a future meeting).

Articles

American Medical News, The Newspaper for America's Physicians, "*States re-thinking need for certificate-of-need laws as fiscal health of hospitals wanes*", July 29, 2002.

Bezane, Norm, Lahaina resident and member of the Maui Health Initiative Task Force, Viewpoint in the Maui News, "*Answers to health care questions needed to serve all of Maui County*", September 14, 2007.

Chiem, Linda, Pacific Business News, "*New state health planning director named*", September 17, 2007.

Chiem, Linda, Pacific Business News, "*Task force begins development of health plan for Maui County*", September 28, 2007.

Chiem, Linda, Pacific Business News, "*State health care: balancing facility need with care access*", September 28, 2007.

Eager, Harry, Staff Writer, The Maui News, "*Departing Doctors*", December 17, 2006.

Hamilton, Chris, Staff Writer, The Maui News, "'*The train has left the station' on new hospital, Builder-banker signed on to project for west side; task force hears proposal*", October 14, 2007.

Hamilton, Chris, Staff Writer, The Maui News, "*Task force backs West Maui plan*", November 21, 2007.

Lahaina News, "*Health officials to speak at task force meeting*" October 11, 2007.

Maui Weekly, "*Proposal for West Maui hospital endorsed*", November 29, 2007.

Miyake, Cliff, Island Voices section of The Honolulu Advertiser, "*Bandwidth is Hawaii`i's crucial need*", 2007.

Pluta, Joseph D., Viewpoint in The Maui News, "*West Maui critical access hospital at Lahaina good for the entire island*", December 2, 2007.

San Nicolas, Claudine, Staff Writer, The Maui News, "*Panel told new hospital needed*", September 5, 2007.

San Nicolas, Claudine, Staff Writer, The Maui News, "*Health care task force continues to gather data*", October 12, 2007.

San Nicolas, Claudine, Staff Writer, The Maui News, "*New SHPDA chief open to holding hearings on Maui*", December 6, 2007.

San Nicolas, Claudine, Staff Writer, The Maui News, "*Task force supports west side hospital, but not particular one*", December 6, 2007.

San Nicolas, Claudine, Staff Writer, The Maui News, "*Task force focuses on upgrading Maui Memorial, Health care panel says modernizing facilities is a critical issue*", December 15, 2007.

San Nicolas, Claudine, Staff Writer, The Maui News, "*State certificate of need is still a pending issue*", December 18, 2007.

San Nicolas, Claudine, Staff Writer, The Maui News, "*Health panel: Isle needs home rule, Report will seek to give regions lead in deciding medical services*", December 22, 2007.

Tanji, Melissa, Staff Writer, The Maui News, "*Storm serves notice to all: Be prepared for emergencies*", December 8, 2007.

The Maui News, Local News, "*Task force for Maui health care proposed*", April 3, 2007.

The Maui News, "*Health task force members named*", July 25, 2007.

The Maui News, Editorial, "*Poorly Timed Cheap Shot*", October 5, 2007.

The Maui News, "*Health care task force to begin strategic planning: West Maui hospital and emergency services on agenda*", November 10, 2007.

The Maui News, Editorial, "*Health care study moving*", November 23, 2007.

The Maui News, Editorial, "*Long term care facilities must*", December 10, 2007.

The Maui News, Editorial, *"New hospital is essential*", December 11, 2007.

The Maui News, Local News, "Molokai hospital receives funds", December, 11, 2007.

Tsutsui, Shan, State Senator, Viewpoint in the Maui News", "*Dialogue and compromise are the keys to a successful future Maui*", September 30, 2007.

Lo, Wesley, Chief Executive Officer, Maui Memorial Medical Center, Viewpoint in The Maui News, "*Fostering change relies on talking and listening*", October 14, 2007.

Presentations and Publications

Bartels, Dorothee, Wypij, David, Wenzlaff, Paul, Dammann, Olaf, and Poets, Christian F., Pediatrics, Official Journal of the Academy of Pediatrics, "*Hospital Volume and Neonatal Mortality Among Very Low Birth Weight Infants*", June 24, 2006.

Blumer-Buell, John, Handouts provided during presentation to the Maui Health Initiative Task Force by on October 23, 2007:

- Blumer-Buell, John and Kanakaole, Eric, Rahl, Annie, Church, Bill, Soler, Loly, Kinser, Judy, and Cockett, Lawrence M., *Letter addressed to Hana Community Health Center Board of Directors*, February 19, 2000;
- Blumer-Buell, John, Viewpoint in The Maui News, "*Private operators of Hana's only medical facility ignoring community*", August 6, 2006.
- *Huilaulima, Petition to the Hana Advisory Committee to the Maui Planning Commission, the Maui Planning Commission, and the Maui County Council,*

February-March, 2005; Presented to the Maui Health Initiative Task Force by John Blumer-Buell on October 23, 2007.

- Monson, Valerie, Staff Writer (former), The Maui News, *"Need for dialysis in Hana a flash point, Effort to help residents who have to drive to Wailuku three times a week sparks criticism of Hana Community Health Center",* May 17, 2004;
- Monson, Valerie, Staff Writer (former), The Maui News, "*Residents continue appeal for dialysis facility*", June 23, 2004;
- Monson, Valerie, Staff Writer (former), The Maui News, "*Mayor tells Hana board to open up, Dispute over health center plans includes county grant request*", June 23, 2004;
- Monson, Valerie, Staff Writer (former), The Maui News, "*Panel tells Hana community to repair fractures*", July 24, 2004;
- Hasegawa, Harry T., Chair, Hana Health Committee, *Letter addressed to Dr. Lawrence H. Miike, Department of Health*, August 18, 1995;
- *Proposed Revision to the Hana Community Plan Land Use Map, March 18, 1994*; Presented to the Maui Health Initiative Task Force on October 23, 2007.
- *Buckley, Dennis L*., Attorney at Law, Civil Case No. 03-1-0259, Complaint (Medical Malpractice); Demand for Jury Trial; Summons, Circuit Curt of the Second Circuit, State of Hawai`i;

Financial Trends of Hawai`i's Hospitals, Nursing Facilities, Home Care and Hospice Providers, Healthcare Association of Hawaii, Prepared by Ernst and Young and Hawaii Health Information Corporation, November 2007.

Focus Maui Nui: Our Islands, Our Future, *Final Report*, December 2003.

Forbes, Susan, DrPh, Hawaii Health Information Corporation, "*Maui Bed Needs Study, 2005-2025 (8/25/2004)",* Presented to the Maui Health Initiative Task Force, October 13 2007, Lahaina, Maui, Hawaii.

Forecasting Acute Care and Long-Term Care Bed Days in Hawaii: Projections to 2025, Presented by Hawaii Health Information Corporation. Presented to State Health Planning and Development Agency. June 30, 2003

Gov. Msg. No. 990, HB 212 HD2 SD2 CD1, A bill for an Act relating to Health Care (Act 219), signed on June 28, 2007.

Gov. Msg. No. 1060, HB 1764 HD1 SD1 CD1, A bill for an Act relating to the issuance of revenue bonds to assist Hawaii Health Systems Corporation or any of its regional subsidiary corporations, transmitted without approval and with statement of objections, July 10, 2007.

Hawai`i Health Performance Plan, Health Services and Facilities Plan for the State of Hawai`i, 2000-2004, State Health Planning and Development Agency
Health Care Utilization Report, 2005 Data, Hawaii State Health Planning and Development Agency.

Hoyle, Brian H., Principal, Southwest Health Group, "*West Maui Hawaii, New Medical Center in the Making*", power point presentation given to the Maui Health Initiative Task Force, October 13, 2007, Lahaina, Maui, Hawaii.

Hunt Jeff, Director, Department of Planning, County of Maui, Maui County Planning, power point presentation given to the Maui Health Initiative Task Force, October 13, 2007, Lahaina, Maui, Hawaii.

Johnson, Lee, Kula Hospital, power point presentation given to the Maui Health Initiative Task Force, September 18, 2007, Wailuku, Maui, Hawaii.

Johnson, Nancy, RN, MSN, APRN, Nursing and Allied Health Programs, University of Hawaii, Maui Community College, "Health Care and Nursing Workforce Shortage, Oral Health Care, Telehealth Applications", Presented to the Maui Health Initiative Task Force, October 13, 2007, Lahaina, Maui, Hawaii.

Krieg, Tony, Hale Makua, Our Mission "Excellence in Healthcare in Our Homes and Yours", power point presentation given to the Maui Health Initiative Task Force, September 18, 2007, Wailuku, Maui, Hawaii.

Lo, Wesley, Maui Memorial Medical Center, Current and Future Needs in Health Care, power point presentation given to the Maui Health Initiative Task Force, September 18, 2007, Wailuku, Maui, Hawaii.

Malulani Health & Medical Center, Certificate of Need Application, June 14, 2006

Malulani Health and Medical Center, *Certificate of Need #05-25 Decision and Order*, dated October 2, 2006.

"*Mapping the Future – Minnesota Aging Services, 2030*", Prepared by The Imperative, Larson Associates, LLP, CPAs, Consultants, and Advisors, September 2007.

"Maui Bed Needs Study, 2005-2025, Final Report, August 25, 2004", Presented to Kaiser Permanente, Malulani Health Systems, Incorporated, Maui County Mayor's Office, Maui Memorial Medical Center, State Health Planning and Development Agency. Presented by Hawaii Health Information Corporation

Maui County Lifespan Building Code Amendment Initiative, 2007

Krieg, Tony, MPH, Principal Investigator, and Barreras, Rita, MUA, Project Coordinator, Maui Long Term Care Partnership, *A Report of the Maui Long Term Care Partnership, Strategic Planning Initiative: Strategic Plan for Long-Term Care and Supportive Services for Maui Island*, January 2004.

Maui Memorial Medical Center, *Certificate of Need Application*, June 19, 2006.

Maui Memorial Medical Center, *External Financing Presentation*, July 22-24, 2007

Maui Memorial Medical Center, *Wait List data*, October 24, 2007

Minnesota Nursing Home Demand Modeling, Statewide Estimate, 2030 with 2005 Baseline Year, November 7, 2007.

"Open Meetings: A Guide to "The Sunshine Law", Office of Information Practices, State of Hawaii, February 2005

Schaumburg, John, *Lana`i Community Health Care*, power point presentation given to the Maui Health Initiative Task Force, September 18, 2007

Pang, Lorrin, M.D., Maui District Health Officer, "*Emerging Health Issues for Maui*" power point presentation given to the Maui Health Initiative Task Force, October 13, 2007, Lahaina, Maui, Hawaii.

Shad, Prakesh, MD, MRCP, FRCPC, Shah, Bibhuti MD, MRCPCH, Qiu, Zhenguo, PhD, Ohlsson, Anne MD, MSc, FRCPC, Lee, Shoo K. MBBS, FRCPC, PhD, and the Canadian Neonatal Network, Presentation at the Annual Meeting of the Pediatric Academy Societies, May 4, 2007: "*Improved Outcomes of Outborn Preterm Infants if Admitted to Perinatal Centers Versus Freestanding Pediatric Hospitals*", Journal of Pediatrics, 2005; 146: 626-631.

Shell, Eric, CPA, MBA, Stroudwater Associates, "*Critical Access Hospital Program Overview*", Presented to the Maui Health Initiative Task Force, October 23, 2007, Kihei, Maui, Hawaii.
Shields, Jan, *Association for Improved Health Care on Maui*, power point presentation given to the Maui Health Initiative Task Force, October 23, 2007, Kihei, Maui, Hawaii.

Socio-Economist Forecast, *The Economic Projections for the Maui County General Plan 2030*, Prepared by Maui County Planning Department for the County of Maui, June 2006.

State of Hawaii, *2007 Interagency Action Plan for the Emergency Preparedness of People with Disabilities and Special Health Needs*, February 2007.

State of Hawaii, State Health Policy Guidebook, SCR 107, 2002

State of Hawaii, The Auditor, "*Review of the State Health Planning and Development Agency, A Report to the Governor and the Legislature of the State of Hawai`i*", Report No. 92-5, January 1992.

Terry, Ronald, Administrator, and Shutter, Daryl, Regulatory Branch Chief, State Health Planning and Development Agency, Presentation about the *State Health Planning and Development Agency* to the Maui Health Initiative Task Force, December 4, 2007.

The Golden Hour Campaign for The West Maui Medical Center for Acute Emergency Care, The West Maui Improvement Foundation, Lahaina, Maui
The New England Journal of Medicine, "*Level and Volume of Neonatal Intensive Care and Mortality in Very-Low-Birth-Weight Infants*", May 24, 2007.

Tottori, Caryn and the Office of Health Status Monitoring, *Table on health disparities occurring in the Hawaiian and Filipino cultures compared to of all other races*, 2007.

West Maui Health Care Task Force Fact Sheet, November 2005.

Websites

- www.redcross.org – American Red Cross
- www.aihm-maui.org - Association for Improved Health Care
- www.facs.org – American College of Surgeons
- www.halemakua.com – Hale Makua
- www.hawaii.gov/health/ - Hawaii State Department of Health
- www.hhic.org – Hawaii Health Information Corporation
- www.hhsc.org – Hawaii Health Systems Corporation
- www.kula.hhsc.org – Kula Hospital
- www.lch.hhsc.org – Lana`i Community Hospital
- www.lanaiwomenscenter.com – Lana`i Women's Center
- www.mauicounty.gov – Official site of the County of Maui
- www.co.maui.hi.us/departments/CivilDefense/ - Maui County Civil Defense
- www.co.maui.hi.us/departments/Planning/ - Maui County Planning Department
- www.mauidocs.org – Maui County Medical Society
- www.mauilongtermcare.org – Maui Long Term Care Partnership
- www.medb.org – Maui Economic Development Board
- www.mmmc.hhsc.org – Maui Memorial Medical Center
- www.hmsa.com – Health and Medical Services Association (HMSA)
- www.hrsa.gov – U.S. Health Resources and Services Administration (HRSA)
- www.malulani.org – Malulani Health Systems, Inc.
- www.maui.hawaii.edu – Maui Community College
- www.pdc.org – Pacific Disaster Center
- www.shpda.org – SHPDA, State Health Planning and Development Agency
- www.shpda.org/healthpartnerships/mauihealthinitiativetaskforcematerials - Maui Health Initiative Task Force materials via SHPDA
- www.stroudwater.biz – Stroudwater Associates
- www.surgeongeneral.gov – U.S. Surgeon General
- www.va.gov/health/ - VA Pacific Islands Health Care System
- www.westmauihospital.org – West Maui Hospital proposal